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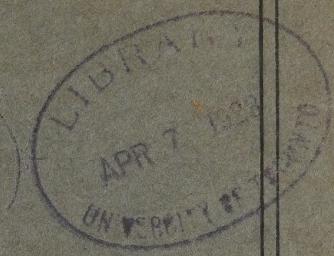
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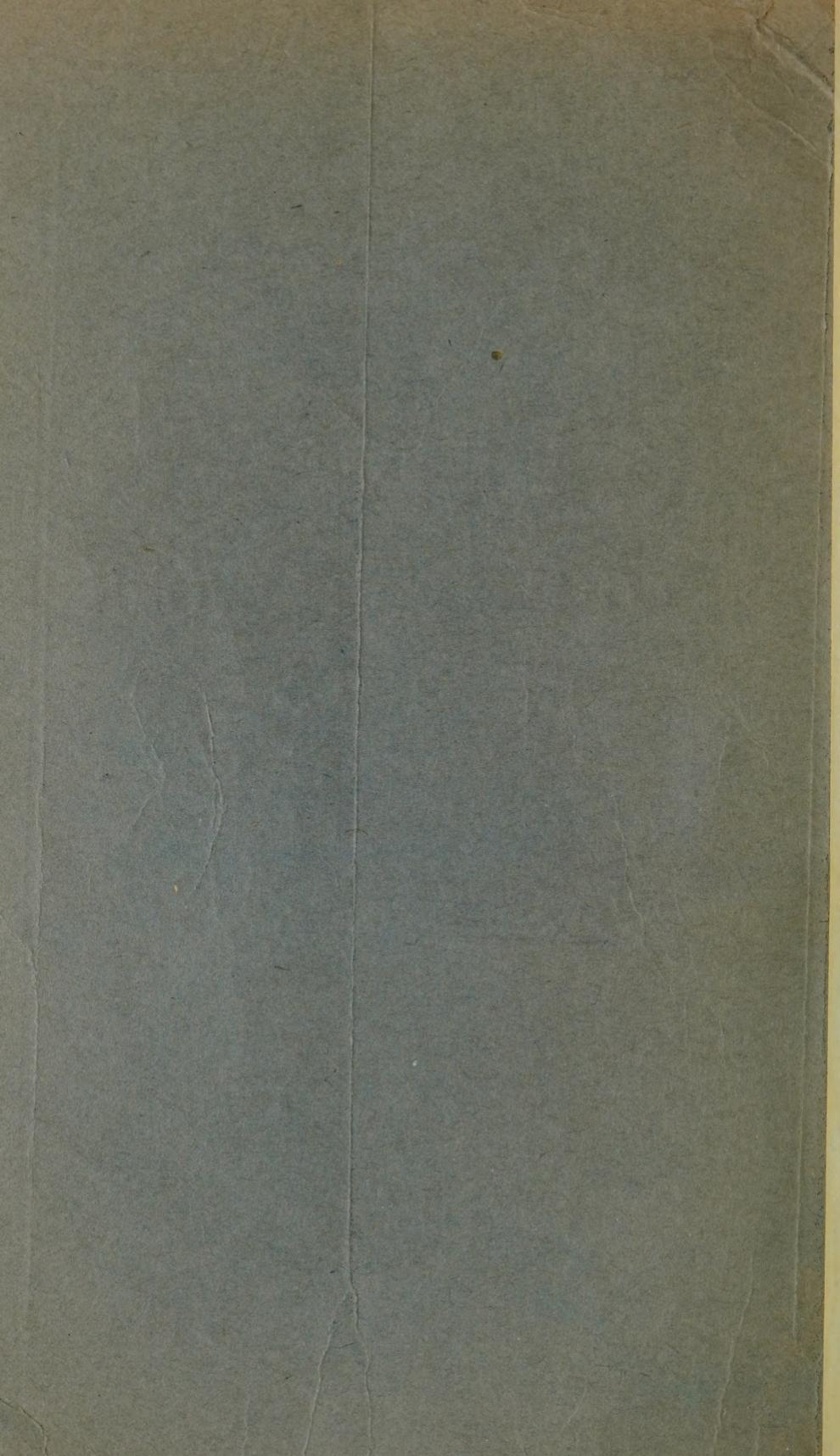
~~Child Welfare Day~~

HANDBOOK
~~of~~
**CHILD WELFARE WORK
IN CANADA**

Edited by
Helen MacMurchy, M.D. (Tor.)
Chief of the Division of Child Welfare

For the year ended March 31, 1922

Ottawa
F. A. ACLAND
Printer to the King's Most Excellent Majesty
1923



Canada. Health, Dept. of. Division of
Child Welfare.

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National Health &
Welfare

DEPARTMENT OF HEALTH
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FOREWORD

The making of this Handbook, which has been rendered possible by the cordial co-operation and help of the Provincial authorities, and others directly interested in the work of Child Welfare, was undertaken by the Chief of the Division of Child Welfare, because it seemed to be the best way in which to render available for reference and study an outline of Child Welfare Work, as it is being carried on at present in Canada, and so to give satisfactory replies to numerous enquiries received from all parts of the Dominion and from other countries. We can hardly hope that no error at all has occurred in the course of compilation and arrangement, or that no omissions have been made, but every effort has been put forth to secure accuracy and completeness in the record and no pains have been spared to present information at once authoritative and recent.

To the Ministers of the Provincial Governments and their Departmental advisers and officers and to all others who have helped us, we now offer grateful thanks for their generous response to all our requests for information and for the invaluable aid they have rendered. We hope that they may find the Handbook useful and helpful in their work.

It will be a favour if anyone who may notice an error or omission will be so kind as to send a correction or statement of the same to the Editor, so that it may be available for future record and reference.

J. A. AMYOT,
Deputy Minister.

CANADA

BIRTHS—INFANT MORTALITY—MATERNAL MORTALITY

DOMINION BUREAU OF STATISTICS

1921

Provinces	Births According to Population			Infant Mortality Under One Year		Maternal Mortality in Child Birth	
	Total Population Census of 1921	Total Number of Births	Rate per 1,000	Deaths under One Year	Rate per 1,000 Births	Total Number of Deaths	Rate per 1,000 Births
Alberta.....	588,454	16,561	28.3	1,391	84.0	111	6.70
British Columbia.....	524,582	10,653	20.4	602	56.5	51	4.78
Manitoba.....	610,118	18,478	30.3	1,533	83.0	81	4.38
New Brunswick.....	387,876	11,465	29.6	1,299	113.3	47	4.09
Nova Scotia.....	523,837	13,021	24.9	1,311	100.7	56	4.30
Ontario.....	2,933,662	74,152	25.3	6,763	91.2	387	5.22
Prince Edward Island ..	88,615	2,156	24.3	180	83.5	7	3.24
Saskatchewan.....	757,510	22,493	29.7	1,814	80.6	128	5.69
Quebec*.....	2,361,199	88,749	37.6	11,387	128.0	338	3.80
Canada.....	8,775,853	257,728	29.4	26,280	102.0	1,206	4.7

Still-Births are not included.

The above figures are for the year ending December 31, 1921, except in the case of Quebec where the figures are for the year ending June 30, 1922.

*From the Annual Report of the Division of Statistics, Provincial Bureau of Health, Province of Quebec.

Population of the Yukon, 4,157. Births, 19.

The establishment of a system of Vital Statistics Registration in the Northwest Territories, Provisional Districts of Mackenzie and Keewatin, is under consideration. It is not considered practicable to establish any such system in the Provisional District of Franklin.

Population of the Northwest Territories, 7,988.

INTRODUCTION

Child welfare, involving as it does the common interests of the coming generation, can never be confined within the limits of one Department of government, however important. There is a great deal of work for child welfare done under the direction of several departments of the Dominion Government. Under the Immigration Department is the Division of Juvenile Immigration. Under the Superintendent-General of Indian Affairs all child welfare work for Indian and Esquimaux children is carried on. Under the Home Branch of the Soldiers Settlement Board and under the Department of Soldiers Civil Re-establishment much important work is done both directly and indirectly for the benefit of the home and for maternal and child welfare.

The Department of Agriculture, under the Agricultural Instruction Act of 1912, has done a great deal for the work of Women's Institutes, school fairs and exhibitions, school clubs and other organizations, which have promoted the work of child welfare, inasmuch as the financial assistance given to the Women's Institutes in the different provinces has been provided from the money granted under this Act by the Dominion Government. The Department of Agriculture has in other ways, especially by improving the milk supply, assisted in child welfare work.

THE DEPARTMENT OF HEALTH

The Act of the Canadian Parliament establishing the Department of Health as "A department of the Government of Canada, over which a minister of the Crown to be named by the Governor in Council shall preside" (chapter 24, 9-10 George V) received the assent of His Excellency the Governor General on June 6, 1919, and came into force on that day, the Hon. Newton Wesley Rowell, K.C., being the first Minister of Health of the Dominion of Canada. The department was organized by the appointment of Dr. John A. Amyot, C.M.G., as deputy minister, in September of that year, followed by the appointment of Dr. D. A. Clark, as assistant deputy minister. In addition, medical services formerly under the direction of other departments were transferred to the new Department of Health, each service becoming a division of the new ministry, under a chief.

Certain new divisions were also created under the provisions of the Act. The first of these to be organized was the Division of Child Welfare, the appointment of a chief being made in April, 1920.

Section 4 of the Act, under the caption, "Duties and Powers of the Minister," enacts as follows:—

4. The duties and powers of the minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health of the people of Canada over which the Parliament of Canada has jurisdiction; and, without restricting the generality of the foregoing, particularly the following matters and subjects:—

(a) Co-operation with the provincial, territorial and other health authorities with a view to the co-ordination of the efforts proposed or made for preserving and improving the public health, the conservation of child life and the promotion of child welfare.

Section (a) above is the first of nine operative clauses, and indicates the leading place that child welfare occupied in the thoughts of those who framed the Act and

in the minds of the legislators who enacted the law, as well as in the plans of those who had endeavoured, for more than fifty years, to move the Government and the people of Canada to pass such a law. For it is a noteworthy fact that almost as soon as the original provinces of Canada had been made a Dominion under the Act of Confederation, which came into force on Dominion Day, the first day of July, 1867, an agitation was begun to have a Minister of Health in the Cabinet. At the first meeting of the Canadian Medical Association this matter was brought forward and a discussion took place upon it—a discussion which was renewed almost every year from 1867 to 1919, when the Department of Health Act was passed.

Under the British North America Act, then, public health is under the jurisdiction of each one of the Canadian provinces, within her own borders.

PROVINCIAL AUTONOMY

Provincial autonomy is specially recognized and provided for by section 7 of the Department of Health Act as follows:—

7. Nothing in this Act or in any regulation made thereunder shall authorize the minister or any officer of the department to exercise any jurisdiction or control over any provincial or municipal Board of Health or other health authority operating under the laws of any province.

It will be realized, therefore, that child hygiene, public health nursing and maternal welfare are the special charge of the Provincial Minister of Health, or Provincial Board of Health. The chief executive officer is usually known as the Chief Provincial Medical Officer of Health, and under the direction of this provincial medical officer a Bureau of Child and Maternal Hygiene and Public Health Nursing has been established for some years past in certain of the provinces.

In other provinces, one or more of these special functions is developed separately. Thus a Department of Public Health Nursing, under a superintendent, has, in certain other provinces, organized and carried on, under the direction of the Chief Provincial Medical Officer of Health, many of the functions included in a broad general programme of child welfare.

In most of the provinces, there is, in addition, a Superintendent of Neglected, Dependent and Delinquent Children, who has wide powers, and is clothed with authority under the Children's Act (or Neglected, Dependent and Delinquent Children's Act) to take charge of children who, for any reason, have become dependent, delinquent or neglected.

CHILDREN WHO NEED SPECIAL CARE

In some provinces, this superintendent has a more or less special relation to children who are disabled or defective in mind or body. But in Canada, as elsewhere, the work of prevention and of adequately caring for disabled and defective children is only beginning. Several cities have special classes, under the regulations of the Department of Education, for children who, for any reason, are prevented from obtaining proper benefit in the ordinary school classes, but who are able to obtain benefit in classes where their special disabilities or defects of mind or body are considered, and where means are adopted to cure, ameliorate or overcome these, so that these children may receive some form of education by which they can profit. Among the cities which have such auxiliary or special classes are Victoria and Vancouver in British Columbia, Calgary and Edmonton, in Alberta, Regina in Saskatchewan, Winnipeg in Manitoba, Toronto, Ottawa, Hamilton, Guelph, Peterborough and Windsor in Ontario, Montreal in Quebec and Halifax in Nova Scotia. New Brunswick has taken some steps in the same direction.

Ontario has an Auxiliary Classes Act passed in 1915, and the regulations under the Act recognize fourteen different types of auxiliary classes. The Act is administered by the Provincial Superintendent of Auxiliary Classes, under the direction of the Minister of Education and the Deputy Minister. It is stated that in the city of Toronto alone, there are now forty or more auxiliary classes. These range from open air or forest schools in two of the largest parks, on the outskirts of the city, to classes for sight-saving, and classes for children who have been found to be mentally defective. There are also three "visiting teachers" who, in the case of children who are so disabled physically that they cannot go to school, visit the homes and teach them there. This plan has been very successful.

CHILD WELFARE IN THE PROVINCIAL GOVERNMENTS

There are five or more different Provincial Cabinet Ministers who direct matters belonging to child welfare. The Minister of Health and the Minister of Education have already been mentioned. There is also the Attorney-General of the province, who has jurisdiction over Juvenile Courts, the Provincial Secretary, who usually directs the work for dependent and delinquent children, and the Minister of Agriculture, who usually directs much work for the benefit of farm boys and girls. Under this minister also the grants given for Women's Institutes are administered. The Mothers' Allowances Act is usually administered under the direction of the Provincial Treasurer or the Provincial Secretary. Under the Minister of Labour, in some provinces, certain legislation for maternal and child welfare is administered.

WOMEN'S ORGANIZATIONS

The Women's Institutes are clubs for farm women. Their motto, "For Home and Country," expresses their ideals. Their work has a wide range and a direct relation to many of the needs and privileges of farm life. Every province in Canada has its provincially-organized Women's Institutes or Home-makers' Clubs, and about three years ago a Dominion Federation of Women's Institutes was formed. They are a power for good in the land. The "Cercles de Fermières" in Quebec, the Women's Section of the Grain Growers' Association in the Prairie Provinces, the United Farm Women and all women's organizations are for child welfare.

This may be the most convenient place to mention two other nationally-organized women's societies which carry on work of different kinds, civic and patriotic, and are interested in child welfare. These organizations are: "The Imperial Order of the Daughters of the Empire" and "The National Council of Women." The local branches of these are called in the case of the former, "Chapters," each presided over by a "Regent" and in the case of the latter, "Local Councils," under a president.

They are mentioned here because, like the Women's Institutes and other organizations of Canadian women, they are friends of child welfare. They have done much themselves for Canadian children and they have stirred up others to do more. The Hon. N. W. Rowell who, in 1919, piloted the Bill to establish the Department of Health through the House of Commons, mentioned in his speech that among those who had strongly advocated the measure one of the foremost organizations was the Women's Section of the Grain Growers of Saskatchewan. Other women's organizations which work directly or indirectly for child and maternal welfare, are the women's missionary societies in the different churches. Almost without exception the nationally-organized and other women's societies in the Anglican, Baptist, Congregational, Methodist, Presbyterian and Roman Catholic Churches help on the cause of child welfare, in schools, hospitals or homes. For example, in the Roman Catholic Church "in a survey made by the Catholic Women's League among its members, with regard to Child Welfare activities during the period 1921-1922, it was found that ninety branches, located in as many different towns, were devoting time and energy to the problems of child life.

CHILD WELFARE IN CANADA

The first aid of supplying sanitary milk to under-nourished babies and school children, was practised by all Branches reporting. Sydney, N.S., was especially interested in distributing soup, hot cocoa, etc., during school recess. Montreal, Ottawa, Hamilton, Windsor, Amherstburg, Preston, Renfrew, Brantford, North Bay, Sault Ste. Marie, Winnipeg and Calgary branches either support, or contribute in a special manner to the upkeep of baby clinics. In many of the smaller towns the League co-operates with the Local Council, to prevent overlapping. Several branches report activity in securing foster homes for children, rather than having them placed in orphanages. Edmonton is particularly successful in this work. The League through all its branches is supporting the movement for the employment of district nurses, school nurses, and medical inspection in schools."

The good work done for Child Welfare by Jewish societies and organizations of Hebrew Women is well known.

INSTITUTIONS

No attempt has been made in the present volume to give full information as to institutions for children, but it should be remembered that there are many of these in Canada, under the direction of voluntary and benevolent associations, religious orders and other organizations, such as the Salvation Army.

OTHER ORGANIZATIONS

The Boy Scouts, the Girl Guides, and the organizations known respectively as "Big Sisters" and "Big Brothers" are actively engaged in work which helps the home and the children. The Rotary, the Kiwanis and Gyro Clubs have done much in recreation and other work as will be seen by reference to the following pages. The Shriners have begun a great hospital scheme for child welfare.

THE DOMINION COUNCIL OF HEALTH

To return again for a moment to the Act: there is a direct channel for the interchange of opinion and for working out a mutually agreeable and beneficial understanding, thus securing constant and harmonious co-operation between the responsible health officials and authorities of all the provinces and the officials and authorities of the Dominion of Canada established under the Health Act.

This is provided for under Section 6, as follows:—

"Section 6. There shall be a Dominion Council of Health consisting of the Deputy Minister of Health, who shall be chairman, the chief executive officer of the Provincial Department or Board of Health of each province, and such other persons, not to exceed five in number, as may be appointed by the Governor in Council, who shall hold office for three years. The Dominion Council shall meet at such times and places as the minister may direct, and shall be charged with such duties and powers in respect to this Act as the Governor in Council may prescribe.

The Chief Provincial Medical Officers of Health of the nine provinces thus count nine in the membership of the Dominion Council of Health. The remaining members were appointed by the Governor General in Council in 1919, to hold office until the year 1922, as follows: one to represent agricultural interests; one to represent trades and labour workers; one to represent health education, the present member being a professor of hygiene in one of the Canadian universities; one to represent the women of Canada resident in urban districts and one to represent the women of Canada resident in rural districts.

The Dominion Council of Health is thus a statutory body. Its meetings are held twice a year or oftener and its interest in child welfare may be judged by the fact that at the regular meeting in May, 1920, immediately after the establishment of the new "Division of Child Welfare," more than half the time of the sessions was devoted to child welfare. It was on this occasion that a unanimous request was made by the Dominion Council of Health for original Canadian publications on child welfare. During the discussion, members took occasion to express their appreciation of the publications of the Children's Bureau of the United States Department of Labour at Washington and also of the generosity and courtesy with which these had been presented, on request, to health and child welfare officials in all parts of Canada. It was felt, however, that Canada should not continue to borrow, but rather should exchange.

THE CANADIAN MOTHER'S BOOK

In accordance with this request, the first national Canadian publication on child welfare was written in August, 1920. It was named "The Canadian Mother's Book," and was revised and redrafted several times before being sent to the Government Printing Bureau in December, 1920. The first copies were received from the King's printer on March 3, 1921, and six editions in English and in French, "Le Livre des Mères Canadiennes" have now been issued. The illustrations, the large type and other attractive features of this little book are owing to the personal interest and support of Dr. Amyot and Dr. Clark, who helped in every way to secure these. The total number distributed is about 220,000, and most of these have been sent out in answer to personal requests by the mothers themselves.

MOTHERS WANT TO LEARN

No one will ever convince the Canadian Department of Health that mothers do not want to learn. Thousands of mothers' letters are on the departmental files to prove the contrary. Some of them are such sweet and simple letters that you look at them twice, with tears in your eyes. The measure of success which our publications have met with is due not only to the interest and aid of provincial and local health authorities, to municipal officials and registrars of births, to the clergy, to voluntary associations, women's clubs and private citizens, but more especially to the press of Canada, who were most generous in noticing the "Little Blue Book," as it was often called by the mothers in their letters.

THE PRESS

The newspapers not only recognized the book, they adopted it and explained it and advised their readers to send and get it. So it came about that hundreds of newspaper cuttings found their way into our mail bag, pinned on the letters which contained the request for "That Little Blue Book." Some were not pinned. They were sewed on the left hand upper corner of the piece of paper with a white cotton thread. There is something touching in the thought of the mother sitting down tired to read the newspaper, cutting out the extract, no pin to be found, threading her needle, putting on her thimble, sewing the cutting to her letter—with the baby in her arms perhaps, and the ex-baby at her knee.

THE LITTLE BLUE BOOKS

Seeing that the mothers had been good enough to give a "pet name" to their own "Canadian Mother's Book," we straightway adopted it and so the publications of the Division of Child Welfare in the Canadian Department of Health are now known as "The Little Blue Books." The "Home Series" of Little Blue Books was

published in October, 1921. The first edition of ten thousand was gone in a few weeks. Three other editions have since been issued. The titles of the series are as follows:—

- 1—Beginning a Home in Canada.
- 2—How to Build The Canadian House.
- 3—How to Make Our Canadian Home.
- 4—How to Make Outpost Homes in Canada.
- 5—Canadians Need Milk.
- 6—How we Cook in Canada.
- 7—How to Manage Housework in Canada.
- 8—How to take Care of Mother.
- 9—How to Take Care of the Family.
- 10—How to Take Care of the Baby.
- 11—How to Take Care of the Children.
- 12—Household Cost Accounting in Canada.
- 13—How to Take Care of Household Waste.
- 14—How to Avoid Accidents and Give First Aid.

HOW TO TAKE CARE OF MOTHER

The most popular is No. 14—"How to Prevent Accidents and Give First Aid." The next favourite is No. 5—"Canadians Need Milk," then No. 6—"How we Cook in Canada." Among those not so popular is No. 8—"How to Take Care of Mother." It is not hard to imagine why. The mother usually writes to ask for the books. She forgets herself. It is the mother who takes care of everybody. Who takes care of her? This is the duty of every nation and every citizen, especially every husband, every father, every boy, every girl, who reads this page. **Take care of Mother.** You will miss her when she is gone.

MATERNAL MORTALITY

On the list of seventeen civilized nations arranged in order as regards maternal mortality, Canada and the United States stand at the foot of the list. We are seventeenth in a class of seventeen. It is a disgrace to us. We must make a better record. Surely the first step in child and maternal welfare is to save the mother and child alive.

VITAL STATISTICS

This brings us to vital statistics, another matter of health and child welfare on which provincial autonomy has an important bearing. From the dawn of Canadian history registrations of births, marriages and deaths have been made in each of the provinces by the provincial authorities, the title of Registrar-General being conferred upon one of the ministers, such as the Provincial Secretary or other minister, and the Chief Provincial Medical Officer of Health being in many cases the Deputy Provincial Registrar-General. Under his direction vital statistics are collected by local registrars or sub-deputy registrars, for each municipality, or in the case of the larger municipalities for each subdistrict of a municipality. It could not be expected that these officials would all adopt the same plan or use the same standards in collecting, tabulating and issuing vital statistics. It must also be remembered that the national census, taken every ten years, is under the control of the Dominion Parliament, and of course every intelligent citizen realizes the importance of vital statistics and other statistics, to national business and national welfare. But time, thought and diplomacy were required in bringing about a state of things in which it would be possible to issue national vital statistics.

THE DOMINION BUREAU OF STATISTICS

The Dominion Government in 1916 settled upon the policy of establishing a Dominion Bureau of Statistics at Ottawa. The necessary organization occupied the years 1916-17, under the direction of Mr. R. H. Coats, who was appointed Dominion Statistician, and the Dominion Bureau of Statistics, under the Department of Trade and Commerce, was established by Act of the Dominion Parliament in the year 1918.

INFANT MORTALITY

Infant mortality in Canada varies greatly in the different provinces and in the different cities or districts of the same province. There have been instances of small districts or municipalities where the infant mortality rate was 0—. Not one baby under one year of age died during the year. There are other municipalities where the infant mortality rate approaches 170, or is even higher.

STATISTICS

For the first time in the history of Canada, it is possible for us to know, through the Dominion Bureau of Statistics our National Birth-Rate, Infant Mortality Rate and Maternal Mortality Rate. See Table.

AGE—HEIGHT—WEIGHT

An enquiry is now proceeding in one of the largest cities of Canada in regard to the "Age-height-weight" of her school children. With the assistance and co-operation of the Dominion Bureau of Statistics and the Department of Health, Division of Child Welfare, it is hoped that the results of this enquiry will be made available before long and that other enquiries of the same kind will be undertaken.

PLAN OF WORK AND GENERAL POLICY

To return again to the provisions of the Department of Health Act: it will be noted that no restriction or limitation is laid upon the minister in his efforts for "the conservation of child life and the promotion of child welfare."

It was never intended that the work of the Division of Child Welfare should be limited in any sense to child hygiene and a good deal of time was devoted early in 1920 to framing a "Plan of work and general policy" for our own guidance in the Division and for reference from time to time. Attention must, however, again be directed to the fact that the greatest opportunity of the Division of Child Welfare, as an integral part of the Department of Health, is in co-operation and consultation and the carrying out of the wishes of the nation, as expressed through the constituted health authorities of the provinces, in regard to enquiries, information, publications and general standards of child welfare, and promoting and recording child welfare work throughout Canada. This plan of work and general policy makes reference to the following objectives in child welfare and maternal welfare:—

- To help the home.
- To help to find a true home for every homeless child.
- To save and preserve maternal and child life.
- To promote and secure maternal and child welfare.
- To maintain and improve the health, strength and well-being of mothers and children.
- To make known to all Canadians the principles of maternal and child welfare, and the supreme importance of home life to the individual and to the nation, so that national interest in these matters may be aroused and the best modern methods for securing the welfare of the home and the nation may be understood and carried out.

METHODS

The following methods, among others, are mentioned in the "Plan of work and general policy":—

Co-operation with all provincial authorities, especially with provincial ministers of health and their departments; also with provincial boards of health and medical officers of health, provincial and local; and with directors and officers of Bureaus or Departments of Child Welfare.

Co-operation with ministers of education and departments of education, in reference to the provision of comfortable, suitable and well-planned and well-equipped schoolhouses, to school hygiene, medical and dental inspection of schools, school nurses, physical examination of children; to children who need special care and training and other matters pertaining to child welfare, more especially the instruction of teachers in Normal schools as to the great principles upon which child welfare in the home and in the school is founded and the best methods of carrying these out.

Co-operation with all voluntary societies or other organizations which carry on child welfare work or are interested in maternal and child welfare and home life.

The aim of such co-operation is to assist all who are working for child welfare in Canada to obtain the best results, and to secure general unity of purpose and harmony of action, and uniformity of methods in so far as they can be applied.

SPECIAL SUBJECTS

In addition, the following special subjects are noted and briefly commented on in reference to their bearing on maternal and child welfare:—

Child Welfare in Remote and Sparsely Settled Places.

Children's Clinics—Maternity Centres—Health Centres—Well-Baby Clinics—Consultations and other organizations and schemes for Maternal and Child Welfare.

Children's Courts.

Diseases of Childhood.

Duties of Home Life.

Education and Illiteracy.

Health and Citizenship.

Home Service.

Housing.

Immigrant Child Welfare.

Legislation.

Medical Education.

Morals and manners.

Nutrition and Feeding of Children.

Opium, Drugs, Proprietary and Patent Medicines.

Protective and Preventive Work.

Public Health Nursing.

Recreation.

Research, Investigations and Surveys.

Statistics and Publicity.

Venereal Disease.

Women and Children in Industry.

THE CANADIAN NATIONAL COUNCIL OF CHILD WELFARE

The relation between voluntary organizations or associations and government departments such as the Department of Health is a very important one and every effort has been made to co-operate with voluntary associations interested in the work

of child welfare. Many requests were received by the government, including some letters ante-dating the Department of Health Act, that a Dominion Conference on child welfare should be called. This was done by the deputy minister in accordance with these requests and not as an official matter, the conference being assembled at Ottawa on October 19 and 20, 1920. These days were busy ones and were occupied in the discussion of innumerable details of child welfare and questions of organization. The latter, on the report of a committee, were finally dealt with by a resolution to form a "Canadian National Council of Child Welfare," intended to secure co-operation among voluntary associations doing child welfare work, having regard to proper representation from each province. This council held a second Dominion Conference on child welfare in Montreal on September 29 and 30, 1921, and it is hoped that within a short time each province will have a provincial voluntary organization for child welfare work. The intention is that these provincial associations should be the basis for the Canadian National Council of Child Welfare. Three of the provinces have already taken steps in this direction, but the organization has not yet been completed.

THE CANADIAN ASSOCIATION OF CHILD PROTECTION OFFICERS

The Canadian Association of Child Protection Officers is another new Canadian Child Welfare Organization. During the sessions of the first Dominion Conference on Child Welfare in 1920 and after its adjournment, a request was made to the Division of Child Welfare that some means be taken to provide for a conference on practical work in regard to neglected, dependent and delinquent children. This request was made by judges of juvenile courts, provincial superintendents of neglected, dependent and delinquent children and other provincial officers, and by officials of children's aid societies and superintendents of detention homes and industrial homes or schools. It was felt that Provincial and Dominion legislation in regard to the interests of such children should be carefully considered and that many problems in regard to children who require special care could be profitably discussed by a small meeting of persons who have direct responsibilities for the guidance and education of such children. This request met with the approval of the deputy minister and after a good deal of correspondence and consultation arrangements were made to hold this conference in the city of Winnipeg on October 5, 1921. The attendance was satisfactory and the work of the conference was successful. It resulted in the organization of the Canadian Association of Child Protection Officers, the membership of which is strictly limited to those who are responsible to the constituted authorities for the welfare and education of children who need special care and especially for children who have to be dealt with under the Juvenile Delinquents Act or are in danger of being brought into this position.

EFFORTS FOR CHILD WELFARE

There is perhaps no effort for child welfare which has been neglected or untried in Canada. Child welfare associations and Children's Aid Associations have long been at work in most Canadian cities. In the Public schools in Montreal, Toronto and other cities, milk is given regularly to children, either at a low cost, or if circumstances render it necessary, free of all cost. Supervised playgrounds have been established in many cities and towns for years past. Little Mothers' Leagues flourish in Ontario, Manitoba and other provinces. Child welfare stations are increasing in number. Five new child welfare stations were opened in the year 1920 in the city of Winnipeg, as stated in the last report of the Provincial Board of Health for Manitoba. Many cities and towns have child welfare centres. Classes for children suffering from cardiac disease are organized and children of pre-school age receive attention in many of the cities. The Junior Red Cross has developed rapidly within

the last few months and has paid special attention to the needs of disabled children in the different provinces, especially in the province of Saskatchewan. Public Health nurses and school nurses are increasing in number and the importance of their child welfare work is recognized. The province of Saskatchewan gives a "Maternity benefit" of twenty-five dollars. It is realized that the education of the community and especially of mothers and fathers, as to the needs and principles of child welfare, is the great object to be sought and that each community has the responsibility for the children of that community. There are many signs that this responsibility is being more strongly felt and more adequately met. For example, the facilities for play and recreation, the number of new supervised play-grounds and the efforts made in schools to improve the health of children, seem to show this. Medical inspection of schools has been carried on in Canada for more than twenty years. There is legislation in most of the provinces, but the plan of organization and the results vary. School libraries are established in Saskatchewan, Ontario and other provinces.

A PROVINCIAL SURVEY

One province at least is considering a provincial survey of child welfare work and those who are promoting this movement have high ideals as to the scope of the enquiry and its results. It is encouraging to feel that their ideals are likely to be realized.

THE ROAD TO CHILD WELFARE

The advice given to Alice when she was searching for the White Queen was to turn and go in the opposite direction. Those who, having their eyes fixed on child welfare, turn and go in the direction of the mother, those who turn to secure a living wage for the father and those who, when the father has been removed by death, or disabled by accident, turn to provide Mothers' Allowances and Workmen's Compensation Acts are taking the quickest way to find that Queen of National Service called child welfare.

THE WORKMEN'S COMPENSATION ACT

In one of the provinces of Canada where a Workmen's Compensation Act has been in force for some years, in the year 1920 the Workmen's Compensation Board reported that about 100,000 people had been helped under the Act at a cost of \$26,000 per day. In that year there were in that province 45,421 accidents, 542 of which were fatal.

THE MOTHER'S ALLOWANCE

Five out of the nine provinces of Canada have Acts providing Mothers' Allowances for widows and other destitute mothers. The province of Manitoba was the first to take up this work in 1916. The Government of the province of Nova Scotia has recently received a report from the commission appointed by them to study the question and it is thought that Mothers' Allowances will soon be provided for in that and other provinces.

In the province of British Columbia for the year ending March 31, 1922, the number of mothers benefited under the Mother's Allowance Act was 850 and the number of children 2,200, at a cost of \$488,951.

In the province of Ontario it is estimated that in the year 1922, \$1,500,000 will be expended. The number of mothers now cared for is 3,350 with 10,500 children.

It should be remembered that the money is perhaps only half of the benefit conferred. The visitors who administer the money, in their friendly visits to the home, by their counsel and their good influence, probably more than double the benefit of the money to the home.

L'ASSISTANCE MATERNELLE AND THE ROMAN CATHOLIC CHURCH IN QUEBEC

In the province of Quebec so much is done by voluntary associations such as "L'Assistance Maternelle," and by the Roman Catholic Church, especially through the schools, homes and orphanages managed by religious orders, that, in the opinion of Judge Choquette of the Palais de Justice, Quebec, and other authorities, the necessity for Mothers' Allowances and similar legislation does not exist there, in the same way nor to the same extent.

CONCLUSION

Nothing is better known or more generally agreed among us, in regard to the Canadian constitution, than the fact that certain great departments of Government, such as Health and Education, are under the direct control of each province and not of the Dominion.

Yet health has a national aspect and it was the dynamic force of this truth that led, after fifty years, to the establishment of a National Department of Health and subsequently to a Division of Child Welfare within it.

The welfare of children, considered, as it ought to be, from the highest standpoint and with the widest sympathy, means the future of the nation.

The nation that neglects its children has no great future. The welfare of our children is not so much one of the departments in which government work is done as it is one of the great ends of government itself, perhaps the greatest end.

It is in the hope that this Handbook may help to answer the question—"What are we doing for our children?"—that it has been prepared for the use of the people of Canada by one of their servants.

THE EDITOR.

ALBERTA

DEPARTMENT OF AGRICULTURE

Minister: Hon. GEO. HOADLEY

Deputy Minister: Mr. H. A. CRAIG

Director Women's Extension Service: Miss J. C. MACMILLAN

THE WOMEN'S INSTITUTES

Abstract

We find that most of the institutes are interested in Child Welfare, the exact form being determined by the need of the community.

Many of the branches have provided equipment for hot lunches in rural schools. Institutes in co-operation with the U.F.W.A. not only provided the equipment, but supplied all the food for the hot lunches, during the past winter. This was such a success that the school board is taking it over for the year to come.

Eureka and Watt Lake in the Coronation constituency have both built kitchens to their school houses for the purpose of supplying hot lunches.

SCHOOLS

The branches interested in schools have supplied nearly everything needed in school equipment from blinds on the windows to pianos, not neglecting the very necessary pump.

ENTERTAINMENT

One institute has given concerts and held picnics for the children of the community for the promotion of patriotism. Others have provided toys, baskets and entertainment for children at Christmas trees. Another branch gave a free masquerade to all children of the community on St. Valentine's day.

Irwin Branch has built two swings on a suitable lot for the use of all children. Many of the branches assist the School Fairs, financially and otherwise.

ASSISTANCE TO NEEDY CHILDREN

Many of the branches have provided clothing, shoes and also food to those in need, not only to those in their own community, but to those needing it in other parts of the province.

"A number of our branches have had papers and talks on Child Welfare subjects at their monthly meetings, since June, 1921, but there are also many who have neglected to do this. I would like to suggest that every branch in the province devote at least one meeting to this important subject. Each year invite a doctor, dentist or nurse to address you, or failing to secure a professional person have one of your members read up on the subject and prepare a paper to be read at your monthly meetings.

"At the Constituency Conference held at Barnwell, Taber constituency voted to take up Child Welfare and Public Health work as part of their constituency work.

This year we had a Public Health Nurse visit each branch and give a lecture on the dangers, and care of childhood. This work was well received, an average of thirty being present at each meeting.

In July, last year, arrangements were made with the Department of Public Health so that two Public Health Nurses were sent to this constituency and held Baby Clinics in each W.I. Children up to school age were examined. About two hundred were examined and this work proved so valuable that we plan to have clinics again this summer."

All Women's Institutes have worked at relief wherever there was need. We are trying to safeguard the health of our children and the public, and to that end are studying the prevention of disease. Practically all of our work is planned along prevention lines.

"In conclusion I would like to remind the members—not as an organization but as individuals—that our children have a spiritual side to their nature.

Every child that is brought into the world has a right to the highest and best physically, mentally and spiritually, from those who bring it into the world, otherwise we are criminals, and are unworthy of the trust God has given us. Are you training that child of yours to be a worthy descendant of your godly grandmother? It is your duty and your privilege to teach your children the Word of God, to assist with Sabbath school work if you are needed and to promote Christianity in your communities.

Let us then as parents train our children in the way they should go, for true religion will necessarily make itself known through physical, intellectual and social avenues and it will be the unifying link which gives coherence and purpose to all kinds of activity and growth and makes for better Canadian citizenship."

(Mrs.) J. E. McIVOR,
Convenor of Child Welfare Committee.

SCHOOL FAIRS

Over one hundred school fairs were held in Alberta in 1921, and the exhibits were larger in number and better in quality than in previous years. Encouraging improvement was noticeable in the live stock classes, in school work, and in the work of girls such as sewing, cooking, canning, etc. Every fair held sent in a favourable report. The number of entries ran from 250 in smaller sections, to over three thousand entries at the Leduc fair. In the Leduc fair twenty-two schools with 440 pupils competed.

GIRLS' CLUBS

The Alberta Women's Institutes have now fifty-eight Girls' Clubs, with a membership of nearly 1,000.

Short courses are provided in household economics, home nursing, foods and cookery, sewing and handicrafts. In 1921, over fifty girls attended a two days' Annual Provincial Convention at Edmonton.

UNITED FARM WOMEN OF ALBERTA

As has already been stated, the United Farm Women of Alberta have taken a great interest in Child Welfare work.

They have co-operated with the Women's Institutes in establishing Hot Lunches in the Schools and have also rendered great aid to the work of the Public Health Nurses.

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: Hon. J. E. BROWNLEE

Deputy Minister: Mr. A. G. BROWNING

Superintendent of Neglected Children: Mr. K. C. McLEOD

THIRTEENTH ANNUAL REPORT, 1921

*Abstract***MOTHERS' ALLOWANCE**

The number of widows on our list this year has considerably increased. Last year, the number was four hundred and ninety-three. This year, the number is five hundred and thirty-eight, and likely to go up yet higher before the winter is over.

This is due to the general depression. Many allowances had to be increased, and many widows, who could manage in normal times, were forced to seek help.

There is a good deal of misunderstanding in regard to the Act. Municipal officers think they are relieved of the charge, when a widow leaves their municipal districts. They strenuously object to paying for another year before being relieved of the charge.

We have cases of women who have children in their custody, who are not mothers. We have interpreted the Act to include some such cases. The case of a woman with a totally incapacitated husband is, in most cases, more deserving than the widow. The same also applies to the woman whose husband is in jail, or has deserted her.

As you are aware, we have been approached to adopt reciprocal pension arrangements with the other provinces.

The chief cause of complaint just now is the assessment of the municipal district with half an allowance, without their consent. This we are endeavouring to remedy by consulting the councillor of the district, and have him agree to the amount a widow should have. Some municipal districts object to paying an allowance, as they are in financial difficulties, while agreeing that an allowance is indicated in the case. This would indicate that the money for the Act should be raised as a general tax, and expended equally by the one staff or department.

We hope that the number on our list is the largest it will be for some time. Should there be a good crop we can expect a reduction this year.

THE MOTHERS' ALLOWANCE ACT

Number of mothers assisted under the above Act during 1921, 538; number of dependent children assisted, 1,626; total amount paid for the year ending December, 1921, \$207,143.83.

NEGLECTED CHILDREN

In the administration of this Act we are very much handicapped by its inefficiency. As soon as our next conference is over, we hope to have something definite in regard to the requirements of an Act which can be efficient.

It is now apparent that under the Act only parents can contribute to neglect, although the Act says "any person"; apprehension of children must precede notice to parents; a summons cannot be enforced; there is nothing to say who may hear a case when an adult is charged with an offence against the Act.

We sincerely hope that the Government will see its way clear to have the Act re-written. It is also noticeable that, according to the Act, any children's aid society has equal authority with the department. The work should all be under the department, and the Act framed with that object in view. Children's aid societies should be local adjuncts and not absolute in their jurisdiction.

DELINQUENT CHILDREN

The number of delinquent children in the province showed a great falling off in 1920. In 1919 the number was five hundred and thirty-six. In 1920 the number was three hundred and ninety-seven. This year shows an increase over last year, but not so large a number as in 1919. The total number of delinquents dealt with this year is 472. In all the figures shown, there are very many cases not reported. Our office and staff interest themselves in many cases which are reported to us with a view to preventing boys and girls getting into trouble. Besides this, a great deal of work is done in re-adjusting domestic relations so that families can be kept together and further trouble avoided. Our staff also is doing a great deal of preventive work. Probation officers, inspectors and court officers interest themselves in dozens of cases of boys and girls who are in dangerous surroundings or are starting in wrong tracks.

Our endeavour as a department is to put our minds seriously to the discharge of the duties entrusted to us. I feel it a pleasure to assure you that every member of this branch of your department is conscientiously and earnestly trying to do the best in every case or condition coming under our notice or brought to our attention.

The most urgent requirement of the present is a place of detention for girls. The Industrial School at Portage la Prairie serves us more economically as yet, than an institution of our own. But making arrangements for the keep and training of girls is getting to be more and more difficult. We feel that something must be done to provide a public institution for the training and detention of delinquent girls, in the near future.

DEPENDENT CHILDREN

This year has been, we trust, unique in the experience of the province, in that there was more dependency demanding help than ever before. This same condition has been felt by nearly all municipal districts. They have been called on a great deal for relief. We hope that conditions will soon right themselves and municipal districts and provincial departments will be relieved of a great deal of responsibility.

THE WORK OF THE DEPARTMENT

The work of our Government inspectors during the year has been extensive and very successful. Two hundred and seventy-nine cases have been brought into court and disposed of in every instance in the best interest of the child, or children, concerned. In addition to these cases, one thousand six hundred and fifty-seven other complaints have been investigated by these officers and satisfactorily adjusted without the necessity of court proceedings. The mileage covered by our inspectors while investigating these cases during the year was eighty thousand seven hundred and twenty-five miles by rail, and twenty-four thousand two hundred and four miles by trail.

NEGLECTED AND DEPENDENT CHILDREN

During the year the total number of cases brought before the juvenile court, under the Children's Protection Act, was 431. Out of the 431 charged with being neglected children, 322 were made wards of the department. The balance were placed under supervision. Of the 322 children made wards of the department, 119 were illegitimate.

In addition to the above, 33 adults were convicted for contributing to the neglect of children.

The number of dependent children dealt with was 1,283, of whom 612 were boys and 671 girls.

LEGISLATION

- The Children's Protection Act.
- The Juvenile Courts Act.
- The Mothers' Allowance Act.

THE DEPARTMENT OF EDUCATION

Minister: Hon. P. E. BAKER

Deputy Minister: Mr. J. T. Ross

MEDICAL INSPECTION OF SCHOOLS

The Department of Public Health is at present organizing a campaign for the medical inspection of rural schools by Public Health nurses.

The school law of the province makes it compulsory on the Board of Trustees in all town school districts to provide for the medical inspection of the pupils in attendance at the schools, by a medical practitioner, and most of the village districts have the school children examined medically, at least once a year. The cities of Edmonton and Calgary have on their staffs both medical practitioners and dentists, and also school nurses, and public clinics are conducted by these officials in the school board offices.

The Department of Education must approve the plans of all school buildings that are erected in the province, and the architect of the department is responsible for the ventilation system. The Inspectors of Schools are also asked to report on the ventilation and sanitation of each building to the trustees, and to demand that the school be kept in proper condition if they find evidence of neglect in this respect by the board of trustees.

The cities of Calgary and Edmonton provide for the distribution of milk through the schools, and hot lunches are prepared for all children who remain at the school during the noon hour and whose parents are not in a position to furnish them with an adequate supply of food. Provision for these lunches is not made at other points in the province.

The teachers attending the Normal School are given a good training in school hygiene and in health conditions, by a specialist in the Normal School and by a Public Health nurse who gives a series of lectures each year on public health matters.

The cities of Edmonton and Calgary provide classes for subnormal children and the Government provides for the care and tuition of mentally-deficient children in an institution located in Edmonton.

Play and recreation are carried on under the direction of the teacher in all rural and village schools, but in larger centres such as Edmonton and Calgary they have a physical director who is responsible for the supervision of play.

In all the larger cities there are organizations doing work for child welfare, and these organizations are doing excellent work in taking care of neglected children. The Salvation Army is also doing work in this respect in the two larger cities.

FIFTEENTH ANNUAL REPORT OF THE DEPARTMENT OF EDUCATION OF THE PROVINCE OF ALBERTA, 1920

Abstract

REPORT OF SUPERVISOR OF SCHOOLS AMONG NEW CANADIANS

This work has resulted in the placing of at least forty additional teachers; has meant better living conditions for more than that many teachers; has brought the beginnings of high school education to the doors of numbers of children, who, otherwise, could never have secured it; has retained teachers in service who would otherwise have been lost to the profession; and set on foot a movement for supplying a considerable number of young men and women for our training schools, later to return to rural schools to serve the province as teachers.

Jos. MORGAN,
Supervisor of Schools Among New Canadians.

REPORT OF SUPERVISOR OF CONSOLIDATED SCHOOLS

Attention has been given during the past year to developing and extending the scope of the work undertaken by the consolidated schools and relating their activities to rural life and rural organizations. Many of the schools have been made school fair centres with the result that the activities of the home and school have been more closely correlated and the interest of the pupils in the work of the farm and garden has been stimulated. School fairs should be encouraged, but they should be more closely related to the teaching of agriculture and nature study in the schools and be made an integral part of the course.

The course in agriculture could be vitalized also by the organization of boys' and girls' clubs, but only slight attention has been given to this work, which has proven very effective in the consolidated schools in other provinces and states.

Provision has been made in many of the consolidated schools for the serving of a hot lunch at noon. This has met with the general approval of school boards and rate-payers, and is contributing to the health and comfort of the students.

J. E. HODGSON,
Supervisor of Consolidated Schools.

SCHOOL LIBRARIES AND FREE READERS BRANCH

The school library is not a mere adjunct of the school, but is a vital part of the school equipment and its proper use is as important as any other factor of the educational work of a school, probably more so.

The library has a very definite purpose, viz.: to develop and direct the reading habit; to train pupils in the use of reference books and to supplement the textbook in the various subjects studied. To train pupils to have higher ideals, finer tastes and better habits is a large part of the work of education, which can but be accomplished by the reading of such books as are found in our school libraries of to-day.

WILLIAM H. NOBLE,
Manager School Libraries and Free Readers Branch.

DEPARTMENT OF PUBLIC HEALTH

Minister: HON. R. G. REID

Deputy Minister: DR. W. C. LAIDLAW

The late Hon. A. G. MacKay, who was appointed Minister of Health April 17, 1919, thus set forth certain aims of the Department of Health having a bearing on child welfare in the Alberta Health Bulletin published by the Provincial Board of Health, in February, 1919.

AIMS OF HEALTH DEPARTMENT

The activities of the Provincial Department of Health are naturally along two lines: (1) preventive, and (2) curative—preventing the occurrence of the disease, and curing it when it does occur.

SANITATION

The improvement of sanitary conditions throughout the province is important. The provincial sanitary engineer has charge of this large field. Under him are the five provincial sanitary inspectors, whose duty it is to see to sanitary conditions

throughout the province, and to assist (and urge to greater, and more effective effort) all local Boards of Health and executive officers. The secretary-treasurer of every municipal district, village and town and the clerk of every city has been circularized as to their duties and responsibilities along lines of sanitation. Peremptory instructions are now out to see that the health laws and regulations are rigidly enforced; and that where necessary court proceedings be taken against members of Boards of Health who are not vigilant, as also against the owners or occupiers of premises found by the inspectors in an unsanitary condition.

IMPROVED HOUSING CONDITIONS

Improved housing conditions, particularly in outlying industrial fields, and among certain elements of the population.

DISSEMINATION OF INFORMATION

The dissemination of information by means of monthly health bulletins, and through the press. The children attending all our schools should be regularly inspected, and it is being arranged that the public health nurses and medical men who will inspect our schools shall deliver addresses on public health problems in all districts where schools are inspected.

THE INSPECTION OF SCHOOLS

The Public Health nurse or physician who inspects the school will visit the parents of any child needing treatment. It will by law be the duty of the parent or guardian, through the family physician or specialist, forthwith to provide proper treatment for such child. The department will bear a portion of the cost of the inspection of schools. Each district will probably be required to pay \$20 annually towards the cost of such inspection. The nurse will visit the homes and advise on questions of health.

THE MUNICIPAL HOSPITAL

Each hospital will naturally become a health centre, and will be both a preventive and a curative agency. Our district hospitals in health matters ought to bear a close analogy to our public schools in the educational field. The districts should be sufficiently large, so that, without undue taxation, all who contribute by way of taxes should, when ill, receive absolutely free hospital accommodation.

SPECIAL AID TO MEDICAL MEN

In order that the people in outlying portions of the province may be within striking distance of medical attention, it shall be the duty of the department (in case sufficient medical men return from the front, or come from elsewhere) to make special grants to such men by way of annual allowance or guarantee, and to place them at points in all the outlying districts. A determined effort must also be made to establish districts for visiting nurses.

THE FEEBLE-MINDED

Temporary provision is now made for the mentally weak in an institution in Edmonton. It will require the expenditure of at least half a million dollars in the purchase of lands and the erection of suitable buildings to begin to take care of those in this province in need of attention.

ANNUAL REPORT OF THE DEPARTMENT OF PUBLIC HEALTH OF THE PROVINCE OF ALBERTA, 1920

Abstract

ANNUAL REPORT, PUBLIC HEALTH NURSING BRANCH

The Public Health Nursing Service was inaugurated in a small way in 1918 when four nurses were appointed, trained and equipped and sent out to various parts of the province to demonstrate to the public the value of health inspection in the schools and also the value of the teaching of health in the homes. For the Public Health nurse is a *teacher of health*. The progress of the work has been marked and successful. The public has become so aroused to its true value that it has been difficult at times to meet the demand.

QUALIFICATIONS

All nurses employed in the Nursing Branch of the Department of Health must be graduates of a recognized training school giving not less than three years' training and registered in the province. Also graduates of the post-graduate course in public health nursing given by the University of Alberta or of a similar course given by any other University where the standard is as high or higher than that obtaining in this province.

At the present time (December 31, 1920), there are some twenty-one nurses employed by the Department of Health, stationed throughout the province and engaged in various phases of public health work. This is most encouraging in view of the fact that at times progress has seemed to be slow.

HEALTH INSPECTION OF SCHOOLS

Health inspection of schools has been given an outstanding place in the Public Health Nursing Service. The transportation problem has always been one of the greatest difficulties owing to the newness of the country, the sparsely settled districts and the great distances that the nurses have to travel. In the spring of 1920 the Department of Health provided the nurses with cars in order to solve the problem of transportation and the experiment has proved a success not only as a time saving device but from the standpoint of all-round efficiency. The nurses have been happier in their work and as a result have rendered more efficient service.

CHILD WELFARE STATIONS

The plan of the Department of Health has been to establish a Child Welfare Station in every Public Health Nurse's district. The object of this station is first of all to serve as a headquarters for the nurse where she keeps her equipment for her entire district, files her records and where she compiles her reports for sending in to the head office.

She is at her station on Saturdays from 10 a.m. to 4 p.m. ready to receive mothers who wish advice either for themselves or their children. Children of pre-school age are examined for defects the same as school children. The value of these stations in the way of direct benefit to the mothers and children cannot be overestimated.

In addition to the regular work that has been carried on through the Child Welfare Station, children's health conferences were conducted throughout the summer months in a number of small towns and villages. At these conferences children were given a complete physical examination by a doctor and advice given with regard to defects found and methods of having them righted.

**STATISTICAL TABLE OF HEALTH INSPECTION OF SCHOOLS FROM
JANUARY 1, 1920, TO DECEMBER 31, 1920**

Number of schools inspected	569
Number of first inspections	10,247
Number not vaccinated	6,219
Number with defects	6,308
Number without defects	3,939

SUSPECTED DEFECTIVE CONDITION

Vision	1,074
Hearing	247
Adenoids	1,173
Tonsils	2,385
Teeth	4,149

SYMPTOMS OF:

Thyroid glands	190
Other eye conditions	124
Pediculosis	140
Tuberculosis	13
Scabies	30
Impetigo	8
Ringworm	26
Malnutrition	598

COMMUNICABLE DISEASES

Communicable diseases	170
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WORK DONE

Child Welfare Clinics	113
Attendance at C.W.C.	480
Public lectures	54
School room talks	815
Home visits	1,355
Demonstrations	93
Interviews	725

RESULTS OBTAINED

Glasses fitted	40
Tonsils removed	54
Adenoids removed	42
Tonsils and adenoids removed	43
Dental treatment	402
Surgical treatment	10
Medical treatment	36

The report of results obtained is far from complete as in most of the schools only one inspection was given and therefore no opportunity of ascertaining the amount of work accomplished. It is only when a nurse had paid a second visit to a school and has an opportunity of checking up her previous inspections that these results can be obtained.

CHILD WELFARE CLINICS

In the spring of 1920 definite plans were formulated for the establishing of Child Welfare Clinics in the four largest cities of the province: Edmonton, Calgary, Medicine Hat and Lethbridge. Owing to the death of the Hon. A. G. MacKay, late Minister of Health, which meant considerable delay in getting the work organized, only two of the four clinics materialized, namely: Edmonton and Medicine Hat.

The Edmonton Clinic was opened at 405 Williamson building, Jasper avenue, on July 31, 1920, and the Medicine Hat Clinic was opened September 8 in the new Court House building. All children from infancy to school age are admitted to these clinics. Each child received a complete physical examination from the attending physician; records are kept of all cases; defects are noted and treatment cases referred to the family doctor. Malnutrition is found to be one of the chief causes of ill-health among the children due in most cases to improper methods of feeding. For these cases diets are prescribed and the children report regularly for observation. Special attention is paid to infants: Mothers are urged to nurse their babies whenever possible and the necessary information is supplied them to gain this desired

result. Where it is necessary to use artificial food for the baby the mothers are instructed to use cows' milk diluted according to general rules which prevail in all child welfare clinics.

A mother arrived at one of our clinics recently with a baby about five months old which cried so incessantly that the mother in despair was thinking of selling out and going back to her people in England with the baby until it had outgrown or improved its habits. The cost to the parents for the care of this baby was \$19 for one month for food and drugs. Following clinic instruction the child was a "better baby" in less than a week and the only expense involved was the cows' milk and sugar required to make it so. This is only one example of the many that could be given to show the gratifying results that are being obtained by means of these clinics.

Home visits are made by the nurse to every case admitted to the clinics. Instruction is given to mothers in the care of their children whether sick or well, in every case the idea being to help the mothers to help themselves. The mothers are eager to learn and are very willing to carry out the advice given.

Pre-natal clinics are held weekly and many mothers are taking advantage of these.

The clinics are well attended and it has been found necessary in Edmonton to secure larger quarters in order that all who come may be accommodated.

REPORT OF CHILD WELFARE CLINICS HELD AT EDMONTON AND MEDICINE HAT FROM JULY 31, 1920, TO DECEMBER 31, 1920

PRE-SCHOOL CLINICS, 2-6 YEARS

Number enrolled	176
Number in attendance	236
Number of home visits	524
Number with defective vision	5
Number with defective hearing	4
Number with defective teeth	39
Number with glandular conditions	28
Number with enlarged tonsils	80
Number with enlarged adenoids	56
Number requiring circumcision	26
Number anaemic cases	3
Number with eczema	7
Number with ringworm	1
Number with pediculosis	2
Number with scabies	1
Number of malnutrition cases	14
Number with infantile paralysis	1
Number with other diseases	20

BABY CLINICS

Number enrolled	327
Number in attendance	801
Number of home visits	1,258
Number of infant feeding cases	760
Number of malnutrition cases	88
Number of cases of rickets	9
Number requiring circumcision	20
Number of cases of intertrigo	35
Number of cases of eczema	11
Number cases congenital syphilis	4
Number constitutional diseases	9
Total attendance at clinics	1,037
Total number home visits	1,782

DISTRICT NURSING

For many years there has been a demand from the pioneer settlers of the province for some form of medical and nursing service in the outlying districts. Two years ago the Department of Health adopted the policy of sending graduate registered nurses

with special maternity training to the outlying points to meet this great need. Three nurses were appointed and sent out in 1920, two to the Peace River District and one some fifty miles west of Wetaskiwin.

The conditions under which these nurses are obliged to carry on their work are far from ideal. The Superintendent of Nursing paid a visit to each of the three districts during the months of August and September, 1920, in order to meet with the municipal councils with a view to obtaining better arrangements for the nurses. As a result of this visit the Municipal Council of the Peace Municipality is building, furnishing and equipping two residences; one at Griffin Creek and one at Bear Lake. They are also assuming the responsibility of providing transportation for each of the two nurses. The Municipal Council of Columbia, west of Wetaskiwin, had already provided the nurse with a furnished bungalow. In addition to this they give her a monthly allowance for incidental expenses. The Department of Health pays the full salary of the nurse and provides the medical and surgical equipment.

SUMMARY OF WORK DONE BY THE THREE DISTRICT NURSES

Total number of cases attended	258
Total number of calls made	375
CLASSIFICATION OF CASES	
Obstetrical	46
Medical	168
Surgical	44
	258

In conclusion the Superintendent of Public Health Nursing wishes to express her appreciation of the splendid work done by all members of the nursing staff and also to pay a tribute to the inspectors of schools of the province for the assistance given the nurses wherever an opportunity presented itself.

CHRISTINE SMITH,
Superintendent of Public Health Nursing.

REPORT OF THE DEPARTMENT OF PUBLIC HEALTH, 1921*

Abstract

THE REPORT OF THE PUBLIC HEALTH NURSING BRANCH

Reference is made in this report to the change in personnel during the year 1921. At the beginning of 1921 Miss Smith was in charge. She was succeeded by Miss de Turbeville, and last October Miss Clark took over the work. The report will show the steady advance which has been made in this work throughout the province.

I would especially call attention to that part of the report dealing with the Child Welfare Clinics established and maintained by the Government, and the benefit which these clinics have been to the communities in which they are established.

In 1920, the infant mortality rate of the city of Edmonton was 105.6; in 1921 the estimated infant mortality rate is 87.3. In Medicine Hat in 1920 the infant mortality rate was 115.1; in 1921, 76.7.

This work is worthy of larger extension, and it is one of the aims of this branch to provide for further work of this nature.

Work of this description is being carried on by the Public Health Nurses wherever they may be stationed, it being part of the programme of the Public Health Nurse to establish a pre-natal and child welfare clinic. Besides this, clinics are held wherever a request is received asking for the holding of a clinic at that place.

DISTRICT NURSING.—The work of the District Nurses is very trying, and requires a peculiar type of qualifications to handle the work successfully.

W. C. LAIDLAW,
Deputy Minister.

* Received after the above was in type.

ANNUAL REPORT OF THE PUBLIC HEALTH NURSING BRANCH, 1921

Abstract

To meet the demand for a post-graduate course in Public Health Nursing, which should fit the nurses for the service, the University of Alberta, acting with the Department of Public Health, put on a three months' course in Public Health Nursing, commencing in January, 1921. The curriculum included lectures in Public Health Nursing; Hygiene and Sanitation; Bacteriology; Psychology; Sociology; Clinical Pathology with field work in Provincial, Municipal and private charitable organizations for Social Relief.

Dalhousie University in Nova Scotia has the honour of being the first university in Canada to put on a course in Public Health Nursing, and to grant a diploma through the regular channels in Public Health Nursing, but it is a matter of pride to Albertans that this province was the first in Canada to arrange a course in Public Health Nursing for her School Inspection Nurses before the actual university recognition was given.

HEALTH INSPECTION IN SCHOOLS

Health inspection of schools has been carried on by eleven nurses who have covered a large portion of the province with the use of a car. The drought-stricken area received special attention. Perhaps more emphasis should be placed upon the work the nurse carried on in the community at large. During her visits in the home the opportunity always comes when she can teach the novice bedside nursing, and where a Child Welfare and Pre-Natal Clinic is established, the results are most gratifying.

Because the nurse lives in her district and, therefore, comes in close touch with her surroundings, not infrequently she has the opportunity of drawing the attention of the proper authorities to existing conditions and defects which otherwise would not be discovered. Especially is this true in regard to neglected children and mental defectives.

The report of results obtained is far from complete, for in the majority of the schools only one inspection has been made. It is only when a nurse pays a return visit to a school that she can check up results obtained from her previous inspection.

CHILD WELFARE CLINICS

Babies and children of pre-school age are admitted to these Clinics. Pre-natal Clinics are held weekly and many mothers are taking advantage of these in Edmonton and Medicine Hat.

Thirty-five pre-natal cases have been cared for during the year. Four of these cases, who were wives of returned soldiers, were in needy circumstances and were reported to the Patriotic Society. This society paid their confinement expenses. Five families were reported to the Red Cross Society, as they were badly in need of clothing. The necessary articles were provided for them by the Red Cross.

Three Public Health Nurses are on duty at the clinics, who when not holding clinics spend their time visiting each case in the home.

LECTURE WORK

During the summer two nurses were equipped with a moving-picture machine and a Public Health film and sent out to various parts of the province, the itinerary of the one being arranged through the Women's Institute, and the other through the U.F.W.A. This service proved to be very popular. To some of the juvenile auditors it was their first experience of viewing moving pictures. Up to the close of the year, these same nurses carried out itineraries arranged through the U.F.A., and everywhere they met with an enthusiastic reception. The total attendance at these lectures was 5,000.

As an educational asset, and in the teaching of health, the moving picture is of inestimable value.

The agricultural colleges of the province have each been supplied with a Public Health Nurse to give a course of instruction in Home Nursing and First Aid.

PUBLIC HEALTH EXHIBIT

Two Public Health Nurses were detailed to accompany this exhibit throughout the province, to explain the various exhibits to the public and to conduct Baby Clinics wherever possible with the aid of the local doctor. A great many babies were examined, and a large number of healthy ones found.

DISTRICT NURSING

To meet the demand for medical and nursing care in the isolated parts of the province, the Government, in 1920, adopted the policy of sending out registered graduate nurses with special obstetrical training. These nurses are placed in districts where there are no doctors and are called upon to exercise tact, judgment and endurance to no small degree. The Department of Public Health pays the full salary of these nurses, and provides medical and surgical equipment, the municipal council provides and furnishes a residence, and also assumes the responsibility of providing transportation for the nurse in her district.

This service is especially valuable in its effort to reduce the percentage of infant mortality.

Beaver Lodge was made a station for District Nursing in January last, increasing the number of stations from three to four. The stations existing now are: Griffin Creek (Peace River), Bear Lake (Peace River), Beaver Lodge (Grande Prairie), and Yeoford (Wetaskiwin).

ELIZABETH CLARK,
Superintendent,
Public Health Nursing Branch.

EDMONTON

The Annual Report for 1921 of Dr. T. H. Whitelaw, Medical Officer of Health for Edmonton, shows that work for Child Welfare has been carried on with marked success during the year.

On July 1, 1921, Miss O. B. Bailey was appointed City Health Nurse with special charge of Child Welfare work, including pre-natal work.

Dr. Whitelaw's report gives in detail the cause of death of each of the 165 babies who died in Edmonton in 1921, adding:—

"It is to be noted that prematurity, as a cause of infantile mortality, occupies first place, no less than 36 of the 165 deaths, or over 20 per cent, being ascribed to it. The next highest cause of mortality, or 24 cases, is malnutrition, marasmus, and other terms signifying a weak, debilitated or diseased condition of the child dating from birth, due largely to poor health, over-work, disease, or lack of proper knowledge of, or adequate means to provide properly for, her condition, on the part of the mother."

In addition to the above two highest causes of infantile mortality, we find 32 infants' deaths ascribed to various causes more or less related to the condition of the mother's health, i.e., accidents of birth, conditions peculiar to the new-born, congenital malformation or disease, convulsions, etc.

It is thus evident that 92 cases of the 165 infants who died were due to or connected with the condition of the mother's health: this indicates the great value to be derived from any measures which are directed to pre-natal care of the mother. During the year a Child Welfare Nurse was appointed. Her work as visiting nurse to mothers, prospective or otherwise, is the most satisfactory and efficient method of attacking the infantile mortality problem, and I have no hesitation in advising that an additional nurse could be employed in this work with great advantage.

Unsatisfactory features of this report are the large number of illegitimate born and of still-born children which are not recorded as births or deaths. In reference to the question of illegitimacy, attention should be called to the fact that there were 91 illegitimate births during the year of whom 18 died, giving the very high mortality rate of 199 per 1,000 births among this class of infants. Naturally, as practically all these babies are bottle fed, it is to be expected that the death rate would be high and adversely affect the general mortality rate. Nevertheless, it is necessary that special attention should be given to the conditions under which these unfortunates are kept in the various nursing homes in our city. In addition to the births recorded there were 95 still-borns, which fact represents a serious loss of life and indicates the value of pre-natal care of the mothers and the necessity for extension of our Child Welfare nursing service."

RECREATION

There are in Edmonton three regularly controlled and fully equipped playgrounds, with caretakers, and also many open spaces used as playgrounds. The Rotary Club took one hundred deserving boys connected with no club or organization and gave them a two weeks' vacation at the lakeside. They are keeping in touch with the boys for one year by having talks once a month given at the Y.M.C.A., and paying for these boys having privileges of Y.M.C.A. for one year, in the expectation that by the end of the year the boys will all have become members of approved clubs or associations. The Rotary Club would then start with another lot of boys and help them along the same lines.

The Gyro Club has fitted up the playground at Patricia Square with all modern playing equipment at a cost of \$2,500. This playground has been very fully taken advantage of, and has been laid out and beautified. The club has money in hand for another playground and expect to have it fitted up and in use next year. When the club was formed in 1921, they aimed at "a playground a year." As soon as the playground is ready, it is handed over to the city. The city itself has a good deal of equipment.

The Kiwanis Club have assisted the Children's Aid Society in building a home by giving them a subscription of \$10,000 from the club's own funds, and they have also raised by subscription and entertainment \$15,000 for the same object. The Children's Aid Society have supplied \$10,000 and they hope to complete the building with that money, the total cost being \$35,000.

CALGARY

The Department of Health for the city of Calgary, under the Medical Officer of Health, Dr. C. S. Mahood, has always given great attention to Child Welfare work. A nurse was employed in 1913 to call on all the babies in certain districts. In 1914 a milk depot was put into operation, and in April, 1916, the first Baby Welfare Week was held. The Baby Welfare Week of Calgary has been an annual event ever since and has been a help to the work of Child Welfare.

Mrs. A. M. Kennedy is nurse in charge of the Child Welfare Department.

The Calgary Child Welfare Association (Mrs. H. W. Riley, honourary secretary-treasurer) has given valuable co-operation in all this work, as well as in the "Little Mother's Leagues" and the campaign of popular education about Child Welfare.

RECREATION

The superintendent of parks in the city of Calgary, Mr. W. R. Reader, makes a plea for supervised playgrounds for children in his annual report. Playgrounds were established and equipped in 1916. These have been extended and added to each year until now Calgary has twenty-nine playgrounds. A number of these are situated in the school playgrounds, but the best are in the public parks. The city also operated over one hundred skating rinks during the winter.

BRITISH COLUMBIA

DEPARTMENT OF AGRICULTURE

Minister: HON. E. D. BARROW

Deputy Minister: MR. DAVID WARNOCK, O.B.E.

Secretary of the Women's Institutes: MRS. V. S. MACLACHLAN

The Women's Institutes have taken the lead in forming Child Hygienic Councils in the province, and have shown great interest in the Saanich War Memorial Health Centre and other health centres. Ninety-seven Institutes have received and distributed Child Welfare literature. Sixty-two Institutes have formed Child Welfare Committees. This work is under the direction of Mrs. V. S. MacLachlan, secretary, B.C. Women's Institutes.*

SCHOOL FAIRS

In British Columbia, school fairs are usually held in conjunction with the regular fall fairs. Practically all of the fifty odd fairs held in the province last year included school children's classes, and in quite a large number of cases the school exhibits formed one of the greatest attractions.

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: Hon. A. M. MANSON

Deputy Minister: MR. W. D. CARTER, K.C.

Chairman of the Workmen's Compensation Board: Mr. E. S. H. WINN, K.C.

THE MOTHERS' PENSIONS ACT

The Mothers' Pensions Act is administered by the Workmen's Compensation Board, and \$500,000 has been voted for the year April 1, 1922-March 31, 1923.

The Mothers' Pensions Act, assented to April 17, 1920, came into effect in British Columbia on July 1, 1920. The Act provides for Government assistance to indigent mothers of children, to aid them in maintaining and educating such children until they reach the age of sixteen years. To be eligible for this, a mother must be either a widow whose husband, at the time of his death, was domiciled in the province, a married woman whose husband became an inmate of a penitentiary, or public hospital for insane, or whose husband became totally incapacitated by sickness or accident, or deserted her while domiciled in the province. The mother, too, must be a British subject and have resided in British Columbia for at least eighteen months prior to applying for the assistance. It must be a case where but for Government assistance it would be impossible for her to care for her family. To receive the assistance the mother must have the children residing with her, and be a fit and proper person to have their custody. The grant ceases when the applicant ceases to reside in the province, remarries, becomes self-supporting, or no longer has children under 16, or is capable of being maintained by those children over 16 or by other relatives.

* See under "The Department of Health."

The total disability of the husband must reasonably be expected to continue for at least one year; the assistance does not commence until the total disability has continued for at least two months. A temporarily deserted woman or a woman whose husband is still in the province or owns property in the province, is not eligible under the Act. The desertion must continue for at least two years before it is considered permanent. A divorced woman is not entitled to a pension unless one of the grounds for divorce was desertion. Separation by mutual agreement is not considered as desertion. No allowance is made if the husband of the applicant was a resident outside the province at the time of the onset of the condition which resulted in his death.

Partial or full pension is granted to meet needs. Full pension amounts to \$42.50 for a woman and one child, and \$7.50 for each additional child under sixteen years of age. The applicant may retain up to \$1,500 in real estate or \$500 in personal property as well as household furnishings, and still be considered indigent within the meaning of the Act.

The Superintendent of Neglected Children administered the Act until the commencement of 1922, at which time it was placed under the Workmen's Compensation Board. Applications for assistance are submitted to the board. The cases are carefully investigated semi-annually by the women investigators employed by the board. In the larger centres of the province visiting committees of local women co-operate gratuitously with the board and keep them in close touch with each case, and report quarterly such relevant information as is deemed wise to gather between the regular visits of the board's investigators.

During the fiscal year ending March 31, 1922, there was an average of 850 mothers and 2,200 children receiving the aid, and the expenditure in assistance totalled \$488,951. The funds provided, as well as the cost of administration, are borne entirely by the Provincial Government. The head office of the Board is at Vancouver, B.C.

JUVENILE COURTS

A Proclamation has been published establishing Juvenile Courts at different points throughout the province (see *Canada Gazette*, July 3, 1920, page 4). With the exception of the cities of Vancouver and Victoria, no Juvenile Judges have as yet been appointed. Mrs. Helen Gregory MacGill is Judge of the Juvenile Court at Vancouver, B.C., and George Jay, Judge of the Juvenile Court, Victoria, B.C.

The following Acts are in force in regard to the care of neglected, dependent and delinquent children:—

Infants Act, Industrial School Act, Industrial Home for Girls Act, Juvenile Courts Act, Adoption Act, Official Guardian Act, Sub-normal Boys' School Act, Night Employment of Young Persons Act, Employment of Children Act.

The Marriage Act has been amended to provide for the legitimization of children whose parents afterwards marry.

The Juvenile Courts of British Columbia were established originally under the "Juvenile Court Act," 1910. This Act was repealed by the new Juvenile Court Act, much wider in its provisions, Chapter 20, 1918.

There are to-day in British Columbia three Juvenile Courts, the first established in Vancouver, June, 1910, the second in Victoria, December 28, 1910, and the third in New Westminster in 1920.

The first judge of the Juvenile Court in Vancouver, was Ex-Police Magistrate, Judge Alfred Bull, who was succeeded by Police Magistrate, H. C. Shaw. Judge Helen Gregory MacGill was appointed August, 1917.

Police Magistrate Edmonds is Juvenile Court Judge at New Westminster.

PROVINCIAL ACTS

Industrial Home for Girls, Chapter 11, 1912.
 Industrial Home for Girls Act-Amendment, Chapter 29, 1917.
 Industrial Home for Girls Act-Amendment, Chapter 34, 1918.
 Industrial School Act, Chapter 106, 1911, R.S.B.C.
 The Industrial School Amendment Act, Chapter 35, 1918.
 Infants Act, Chapter 107, 1918, R.S.B.C. (Consolidated).
 Amended Chapter 36, 1918.
 Mothers' Pension Act, 1920.
 Adoption of Children, 1920.
 Juvenile Court Act, Chapter 20, 1918.

MATERNITY PROTECTION

Under the Maternity Protection Act, Chapter 37, which came into force on the first day of January, 1922, the following provisions are made:—

PROVISIONS FOR MATERNITY PROTECTION

3. In any public or private industrial or commercial undertaking, or in any branch thereof, other than an undertaking in which only members of the same family are employed, a woman:—

- (a) Shall not be permitted to work during the six weeks following her confinement:
- (b) Shall have the right to leave her work if she produces a medical certificate stating that her confinement will probably take place within six weeks:
- (c) Shall in any case, if she is nursing her child, be allowed half an hour twice a day during working hours for this purpose.

LIMITATION OF RIGHT OF EMPLOYER TO DISMISS WOMEN DURING ABSENCE

4. Where a woman is absent from her work in accordance with clause (a) or (b) of section 3, or remains absent from her work for a longer period as a result of illness medically certified to arise out of pregnancy or confinement and rendering her unfit for work, it shall not be lawful, until her absence shall have exceeded a maximum period to be fixed by the regulations made under this Act, for her employer to give her notice of dismissal during her absence, nor to give her notice of dismissal at such a time that the notice would expire during her absence.

DEPARTMENT OF EDUCATION

*Minister: HON. J. D. MACLEAN
 Superintendent of Education: S. J. WILLIS*

FIFTIETH ANNUAL REPORT 1920-21

Extracts from Inspectors' Reports

OVER-CROWDING

"There is one dark and disturbing feature of our work that we cannot escape. I refer again to the cruel over-crowding of our children in the public schools. The old woman who lived with her numerous progeny in a shoe had large, spacious, and luxurious quarters compared to those in which thousands of benighted children spend their hours of school. To argue that under existing conditions the intellectual pro-

gress of the pupils is not being retarded is to give vent to mere sophistry, and to state that the health and physical well-being of these children are not being impaired is to ignore the inexorable laws of a universe whose maker and builder is God.

"It is to be regretted that these otherwise well-informed and enlightened rural communities have so far failed to put themselves in line with any advanced and progressive educational policy so far as school buildings and organization are concerned. Ambitious and costly schemes are not called for; in these days of high prices a carefully designed, well-equipped frame building will meet all requirements; but since accommodation must be provided, should we not demand that buildings conform with modern ideas rather than resurrect the type of structure that satisfied our fathers and our grandfathers? Luxurious barns for cattle, up-to-date silos, demonstrations of electrical appliances for farm work, are shown at agricultural exhibitions; but why not include exhibits of a model school building, a relief-map of a consolidated-school district, auto-vans for transportation of the children, charts demonstrating comparative costs and efficiency?"

SPECIAL CLASSES

"For some years good work has been done in Vancouver by psychologically testing the younger pupils to detect the ones who are subnormal; these are removed from the ordinary class-rooms and taught in special classes. Not only is the ordinary class no longer retarded by their presence, but the subnormal children themselves make much better progress, attempting only subjects within their mental powers, and taught by teachers specially selected and trained for this work."

Victoria was one of the first cities in Canada to establish Special Classes and these are much appreciated by the community.

SUPER-NORMAL PUPILS

"It is to be hoped that public opinion will soon permit the School Board's psychologists to undertake a more important phase of their work—the selection of the super-normal pupils and their segregation into special classes. These pupils are at present retarded by being subjected to methods of teaching and a rate of class-progress necessarily planned for the more numerous normal pupils, retarded in much the same way as the normal formerly were by being taught with the subnormal. The progress and training of the super-normal pupil is of far greater importance than that of the sub-normal, because it is from that class the leaders of the next generation should come."

HELPFUL ORGANIZATIONS

"To those engaged in educational work it is encouraging to find that the public at large is displaying an increasing interest in educational work. This has been shown by the actions of various clubs, chapters of the I.O.D.E., and Parent-Teacher Associations. Certain chapters of the I.O.D.E. have supplied some schools with milk for children whose physical condition required special attention. One I.O.D.E. chapter supplied over ninety volumes to start a library in one of the Coast schools situated about 30 miles from the city. The happiness and information derived by the pupils of that favoured and favourite locality was to the teacher, before she left the district, ample reward for the efforts she had made in the matter; but many who helped in the good work can only hear of the delight, pleasure, and profit brought to those isolated children by so many books rich in picture and story. The Parent-Teacher Associations have encouraged many teachers; they have assisted in enlarging libraries and provided funds to purchase the copy or provide frames for many of the good pictures that now adorn the walls of nearly all our schools. The work of a foster Parent-Teacher Association for the Children's Home School is deserving of mention.

The school as much as the home needs co-operative effort such as expressed in those organizations. And the large city school needs it more than small schools in

the town or rural district. It has been well said by an educator: "There is no other co-operative agency so much needed by the home. There never was a time when the need was so great for intimate connection between home and school as at present. The conditions of modern life are so complex, opportunities for good and evil are so numerous, the occupations of the home are so meagre unless they are related to the school, and the work of the school is so abstract unless it has a practical outcome in the home that it is imperative for parents and teachers to get together."

SCHOOL PLAY-GROUNDS AND RECREATION

(Abstract from Departmental Circular)

Because of the fact that the school grounds in the great majority of the schools of the province are quite below the standard of excellence of the school buildings, and in order to encourage trustee boards to improve the school grounds of the province, the department has decided to make certain special grants which will be conditional upon the expenditure of equal amounts by each school board concerned. The grants referred to are not for such essential preliminary work as logging, stumping, rough-grading, and fencing, but for such subsequent improvements as draining and fine-grading preparatory to seeding and planting the grounds. Besides helping to defray the expenses with materials and labour required in the draining and fine-grading of the grounds, this grant may be used in purchasing lawn-grass seed, flower seeds and plants, ornamental shrubs, vines, and trees; for top-dressing and fertilizing lawns, flower borders or shrubbery, and for irrigation where such is necessary. In all cases the teachers and pupils are expected to co-operate with the school boards in connection with the planting and care of the grounds.

The maximum grant given by the department will be dependent upon the size of the grounds and the number of rooms in the school usually occupied. The schools will be classified as follows: (1) One or two rooms; (2) three or four rooms; (3) five or six rooms; (4) seven or eight rooms; (5) more than eight rooms; and the minimum area on which grants will be given is as follows: (1) One or two rooms, 1 acre; (2) three or four rooms, $1\frac{1}{2}$ acres; (3) five or six rooms, 2 acres; (4) seven or eight rooms, $2\frac{1}{2}$ acres; (5) more than eight rooms, 3 acres. The maximum grants to be given by the department on this condition and classification are as follows:—

(1) One or two-room school, minimum area of grounds 1 acre..	\$125
(2) Three or four-room school, minimum area of grounds $1\frac{1}{2}$ acres..	175
(3) Five or six-room school, minimum area of grounds 2 acres..	225
(4) Seven or eight-room school, minimum area of grounds $2\frac{1}{2}$ acres..	275
(5) More than eight-room school, minimum area of grounds 3 acres..	350

In the case of city schools, where the area of the grounds falls below the minimum stated above, and where an enlargement of the grounds would entail a very large expenditure by the school board, the department may, on the advice of the local School Inspector and Director, contribute the amount allotted to the improvement of grounds of the same area as recorded in the above table of grants.

School boards wishing to avail themselves of this offer must notify the Director of Elementary Agricultural Education, and in doing so must enclose a plan of the school grounds drawn to a scale, giving dimensions of grounds, location and dimensions of buildings, walks, streets, etc. The improvements to be defined in connection with these plans must have the approval of the department, and must be carried out within a period of two years from the time that said scheme of improvement receives the approval of the department.

ANNUAL GRANTS TOWARDS MAINTENANCE OF SCHOOL GROUNDS

In order to assist school boards in keeping the school grounds neat and attractive from year to year, the department will make annually certain maintenance grants

based upon the reports of local school inspectors. A scheme of classification similar to that already outlined for school gardens will be followed here. These annual grants for maintenance will not be paid to school boards engaged in an initial scheme of school-ground improvement until the year following the completion of that scheme for which grants have already been provided.

THE DEPARTMENT OF HEALTH

Minister: Hon. Dr. J. D. MACLEAN

Chief Provincial Medical Officer of Health: Hon. Dr. YOUNG

Under the direction of Dr. H. E. Young, Secretary of the Provincial Board of Health, the Women's Institutes of the province provide much of the machinery through which child welfare work is carried on.

There is no Bureau of Child Welfare, but Mrs. V. S. MacLachlan, Secretary, British Columbia Women's Institutes, is also National Convener of the Standing Committee on Public Health and Child Welfare for the Federated Women's Institutes. Sixty-two Women's Institutes in the province have established Public Health and Child Welfare Committees. In each committee different members are responsible for:—

1. Caring for expectant mothers and pre-school children.
2. Hot lunches and health crusade in the schools.
3. Clinics.
4. School conditions.

WELL BABY CLINICS

Each Institute having a Child Welfare Committee holds periodical Well Baby Clinics with the help of the local doctors, dentist, and nurse.

PRE-NATAL CARE

Through the Women's Institutes names of expectant mothers are forwarded to the Board of Health to receive advisory letters, "The Canadian Mother's Book," etc.

OUT-POST HOMES

By consolidating a number of small communities, efforts are being made to establish nurses in several of the far-away districts.

SCHOOL LUNCHES AND NUTRITION CLASSES

The Women's Institute Child Welfare Committees provide hot lunches where necessary. Milk is also supplied by several Institutes to those children for whom it is ordered by the school doctor.

By co-operation with the teachers, Health Crusades have been started. Diet folders are distributed to mothers, and talks on food values given in the schools.

PLAY AND RECREATION

Another committee of the Women's Institutes, known as the Better School Committee, devotes special attention to improvement in the school buildings, sanitation and playgrounds. Through these committees, school grounds are being improved, and advantage taken of the grant obtainable from the Board of Education for this purpose.

The Institutes also raise funds to obtain playground equipment for the schools, organize gardening clubs, school flower shows, etc., presenting attractive prizes for competition among the children.

In three districts Boy Scouts and Girl Guides have been started by the Institutes, and are doing well.

VOLUNTARY ASSOCIATIONS

In forming Child Welfare Committees, all local organizations such as the Imperial Order of the Daughters of the Empire, Parent Teachers' Association, the Women's Christian Temperance Union, and the Local Council of Women are invited to serve, and in most cases provide active members of the committee.

PUBLIC HEALTH AND CHILD WELFARE

Recognizing that the success of the Provincial Child Welfare movement in rural British Columbia depends almost entirely upon the assistance of the Women's Institutes, and appreciating the assistance already rendered by individual Institutes, the Board of Health issued invitations on February 21, 1921, to the members of the Public Health and Child Welfare Committees, appointed at the recent conferences, to consult with the Provincial Board as to what particular phase of this work could be recommended to the Institutes, also the most expedient means of carrying out a definite provincial policy.

The work for the conference to discuss was divided into three parts as follows:—

- A. A uniform plan of work to recommend for Institutes.
- B. Method by which each individual Institute will carry out this plan.
- C. Relation of the Institutes to the Provincial Child Welfare Council.

A. UNIFORM PLAN OF WORK

1. Pre-natal. Registry of expectant mothers. Institutes centres of distribution of literature prepared by the Board of Health.

2. Registry of all children of pre-school age, in order to supply mothers with Diet folders.

3. School children.

B. METHOD FOR EACH INSTITUTE

1. Public Health and Child Welfare Committee appointed. From that committee one member to be responsible for knowing of expectant mothers and forwarding names to the Board of Health for letters, distribution of literature to these and the mothers of pre-school children. Members of medical profession and especially the medical health officers asked to co-operate.

2. Warm lunches, milk, etc., to be provided where necessary. Health crusade, tooth-brush and handkerchief drills, and inculcation of all health habits made an important part of the school programme, guaranteeing wherever possible that a child shall leave school with health established. The teacher, whether man or woman, should be on this committee; the support and co-operation of the Superintendent of Education be secured in this.

3. Provision for the removal of injurious physical defects, etc., operative clinics for this purpose could be recommended to the Institute as a whole and carried out by plans similar to those which have proved such a success in Peel county, Ontario.

4. Another member of this committee to be responsible for a survey of school conditions.

C. RELATION OF THE INSTITUTES TO THE PROVINCIAL CHILD WELFARE COUNCIL

The idea which it was hoped the Institutes would find practical is for each Institute to take the lead or to assist in forming a Child Welfare Committee or Council to carry out the work as outlined from the Federal Department.

A uniform plan was submitted in detail to each Institute together with The Canadian Mother's Book, application forms for advisory letters and diet folders. The response has been very encouraging. Ninety-seven Institutes have received and distributed material and many applications have been received for forms. Sixty-two Institutes have formed committees. In Esquimalt, the Institute took the lead and formed a Child Hygiene Council, co-operating with the Parent-Teachers Association, the Imperial Order of the Daughters of the Empire, the Women's Christian Temperance Union, the School Board and the Municipal Council. Pre-natal and infant welfare, pre-school and school welfare are all looked after through clinics held periodically with the help of the school doctor, dentist and nurse.

On December 8 and 9, 1921, the conveners of the committees of the Institutes on Vancouver Island were called into conference and the Vancouver Island Council for Child Hygiene formally organized. The Public Health and Child Welfare Committees of the Institutes function as local councils, where the Institutes are the only organizations, otherwise following the example of Esquimalt.

At the request of the District Institute Conference and at the expense of the Provincial Board of Health, the district conveners were sent through their respective districts, visiting the Institutes and explaining the policy in detail, thus giving an added impetus to the work.

The object is two-fold—to work the district up to the point of demanding and maintaining the services of a Public Health nurse, and to educate public opinion in order that the nurse when she comes, may have the support and co-operation of an enlightened community.

PUBLIC HEALTH NURSING

In 1920 an amendment to the Public Schools Act was passed which gave School Boards the power to employ nurses and dental surgeons on the same basis as school teachers, as follows:—

Cities of the first class receive a grant of \$460 per nurse.

Cities of the second class receive a grant of \$520 per nurse.

Cities of the third class receive a grant of \$565 per nurse.

Municipal and Rural School districts receive a grant of \$580 per nurse.

The following grouping of school districts is also allowed for this purpose:—

If the School Boards of a municipality or rural school district decide that the nurse's salary shall be \$125 per month for the twelve months of the year, the Government will grant \$48.33 per month, leaving a balance of \$76.37 for the School Boards to make up.

While no one rural school district could attempt to raise that amount a group of from five to seven school districts could, at the annual school meetings, each vote its proportional share of this sum, which would be \$10 (slightly more or less) per month per school district. This would not work a hardship on any individual district and yet it provides the required salary.

The plan is working out very successfully. Vernon Women's Institute took the lead in that town, and with the assistance of the Provincial Board of Health supported a nurse for three months. At the end of that time the value of the nurse's services had been so fully demonstrated that the community now does the entire financing, making use of the grant from the Department of Education. Enquiries are being received from other districts for similar assistance.

**TWENTY-FIFTH REPORT OF THE PROVINCIAL BOARD OF
HEALTH, INCLUDING TENTH REPORT OF MEDICAL
INSPECTION OF SCHOOLS FOR THE YEAR
ENDING JUNE 30, 1921**

Abstract

Besides the general work of your board, which has increased very rapidly, particular effort has been given to the work outlined as regards child hygiene and public health nursing.

(a) *Child Hygiene*.—Child hygiene work has been carried on throughout the Dominion of Canada in a sporadic manner, and those more especially interested realized that concerted action was necessary in order that the work might be standardized and a general scheme adopted for application in all parts of the Dominion.

The Canadian Public Health Association was the first to move in this direction, and as a result of their suggestion a conference was held of representatives of all of the voluntary organizations in Canada, resulting in the formation of the Canadian National Child Welfare Association.

Briefly, the plan is that this association shall act as the parent body; that each province will form a provincial organization, and the work in the province will be managed locally.

A child-hygiene organization was formed in British Columbia, not with the idea of starting a new activity, but with the idea of utilizing the services of the voluntary organizations already organized, and who had been showing interest in this work.

The Women's Institutes and the I.O.D.E. of British Columbia had been devoting some attention to the work, but other than an occasional Baby Show had not been able to bring about concerted action. On an appeal being made to the Women's Institutes, health committees were formed and the department has secured the active support of the members who have toured different sections of the province in order to stimulate the work along these lines.

British Columbia was the first province in Canada to adopt compulsory medical examination of school children, but no provision had been made for prenatal work and care of children after birth until they reach school age.

The present organization is actively engaged in this work. The Provincial Board is supplying all the literature necessary, keeping in touch with the central organization, and utilizing the services of the public health nurses who are being placed in the field for carrying on this work. A comprehensive scheme for teaching the health principles to the school children has been adopted and will be shortly incorporated in the schools with the assistance of the local women's organizations.

The registration of births is compulsory, but registration of pregnancy has not yet been adopted, but through the voluntary organizations we are trying to work up the scheme of voluntary registration of pregnancy. Names and addresses of expectant mothers are forwarded to the Department and a series of letters go to them containing all necessary advice as to the prenatal care. This idea has been received with a great deal of favour. The public health nurse is instructed to concentrate on child-hygiene work, working in conjunction with the medical inspector, using the medical inspector's records of his examinations as an introduction to the home. The reports that we receive show that the public are in a receptive mood, and the results are showing clearly that with patient and careful education of the public a successful issue is assured.

The infant-mortality figures for the province as a whole have been higher than they should be, but, as against this, in our large cities of Victoria and Vancouver we have the lowest death-rate under one year of any cities in the Dominion. There has been a steady decline during the past few years in Victoria and Vancouver, which, in our opinion, is largely due to the persistent work of the Health Department assisted by the voluntary organizations.

The legislation provided by the Government is sufficient for all immediate needs, and will bring about the desired results if the departments concerned and the voluntary organizations will continue along the lines of educating the public. There must be an intelligent public opinion back of any legislation.

(b) *Public-health Nursing*.—Two years ago the plans of the Government in regard to Public Health Nurses were given effect to and a beginning made by the establishment of a single public health nurse.

The Government had made provision for the examination of the school children, but it was found that, while this was carried out and was bringing about good results, as testified to by parents, teachers, and medical men, yet a great many children who should receive care and treatment were neglected for various reasons by the parents, and it was very strongly brought home to us that unless we had what is known as follow-up work we could not bring about the results that we desired.

The University of British Columbia established a Faculty of Nursing and in connection with this was established a Chair of Public-health Nursing, endowed by the Red Cross Society. It was found to be absolutely necessary to have this training for the nurses if we were to be able to send out nurses understanding what public-health nursing means, and what prevention of disease really means.

The Red Cross, in carrying out their peace-time programme, assisted the department by contributing to the support of the nurses until such time as the Government could make provision to carry on the work. The Government recognized the fact that public-health nursing, if the principle was once understood by the public, would be established in all parts of the province, not as a charity, but as a self-supporting institution.

In order to give the people an opportunity of employing nurses in connection with the schools, an amendment to the "Public Schools Act" was passed which allowed the Boards of School Trustees to employ nurses on the same basis as they employ teachers, receiving from the Government the same financial assistance as they receive for their teachers.

Since the first nurse was sent out two years ago there have been fifteen nurses placed in the field. The idea is a new one to the people. Assistance is given to the district in some instances by the Red Cross and in others by the Government, and the Government, supplementing their amendment to the "Public Schools Act" placed in the estimates for the Provincial Board of Health the sum of \$12,000 to carry on this work, and our experience has been that once the nurse has been some months in the district there is no doubt as to the future. The people, once they understand the idea, have assisted in every way they can, and the requests are not to remove the nurse, but to send an additional nurse.

During the present year, on the first opportunity presenting, four of the districts have voted to employ a public health nurse as school nurse, and the department has allowed the grouping of schools in order that the proportion of the salary paid by the taxpayers may be spread over four, five, or six schools, and in this way make a very small addition to the taxes.

The child-hygiene work, while being a distinct work, yet is interwoven in its application with the public-health nursing, and particular directions are given to the nurses to emphasize this work.

The medical profession is co-operating and the public health nurses are endeavouring to establish clinics at their headquarters where defects in the school children can be remedied, and a particular effort is being made to deal with the dental question.

Reports from our Medical Inspectors show an appalling condition of affairs. In two of the centres dental clinics have been established. Representations have been made to the dentists, who have met the department in a splendid way, and it is hoped to be able to work out a practical scheme whereby the dental needs, especially in the outlying districts, will be met.

MEDICAL INSPECTION OF SCHOOLS

PROVINCIAL BOARD OF HEALTH,

VICTORIA, B.C., July 31, 1921.

Doctor the Honourable J. D. MACLEAN.

Provincial Secretary, Victoria, B.C.

SIR,—I beg leave to submit the Tenth Annual Report of the Medical Inspection of Schools for the province of British Columbia.

In looking over past reports I find suggestions made as to the extension of the medical inspection of schools work, pointing out the difficulties which were presenting themselves and suggesting an extension of the policy which would provide remedies.

In 1918 I suggested the extension of the work by the appointment of qualified nurses to look after cases and also to follow up the work of the examination.

The examination of the medical inspectors had been carried out in a very satisfactory manner, but the one defect under the "Medical Inspection of Schools Act" was that the physician who made the examination was debarred from attending the case, and was obliged to be satisfied with a notice to the parents of the defects that were found at the examination of the pupil. The result was that, while the defects might be recognized and the parents' attention called to them, they did not realize the necessity of having the defects remedied, with the result that the children did not receive the necessary attention, and so the effect of the work was nullified. It was for this reason that I made the suggestion for the extension of the work by the appointment of qualified nurses.

The year following I was pleased to report that a beginning had been made in this respect, and that you had announced the policy of the Government to the effect that the Provincial Board of Health would be empowered to employ public-health nurses in order to act as a medium between the physicians and the parents. Nurses trained in public-health work could explain to the parents any of the defects discovered by the doctor and also point out the evil effect of neglect.

The University of British Columbia has established a public-health course for nurses, the chair of which was endowed by the Provincial Branch of the Red Cross.

In 1920 the first class graduated, and we have at present fifteen nurses in the field. Another class is undergoing training, numbering about twenty, and we will be able to place all of these nurses. The Women's Institutes as a voluntary organization have come up to our expectations in their efforts to co-operate with the department.

The public-health nurses are instructed to make the school inspection work the important part of their duties, and not only are they carrying this out, but they are beginning to form in the schools health classes where the rules of health are taught to the children in such a form as to ensure their interest and to stimulate their participation in the carrying-out of the standard rules of health.

The Women's Institutes have formed health committees, and not only is the care of the school-child looked after, but the programme of child hygiene begins with prenatal care and continues through the child's life until he leaves school.

We have made substantial progress during the past three years owing to the great awakening of public conscience in health matters, and now enforcement of the Act is backed by intelligent public opinion.

There may, and probably will, be set-backs peculiar to the inauguration of new work, but we look for a very much more rapid progress on account of the fact that the women's organizations are taking such interest.

We have made progress, but it has been slow. At times it was disappointing, but we can look back and see we have made a good foundation, and our previous work has not been in vain. Our school population is increasing rapidly, and unfortunately, owing to financial stringency, there has been a reluctance on the part of the people to incur the expenditure necessary to provide increased accommodation.

This will result in makeshifts in regard to seating capacity, and especially so in regard to the sanitary conditions of the schools. The department is keeping very close watch, and where gross defects are reported the Board of School Trustees affected are immediately communicated with.

They are evincing an earnest desire to meet the provisions of the necessary requirements, and with the improvement of economic conditions will build so as to keep pace with the great increase in population.

This year we have examined 12,400 more pupils than in 1919.

I wish to express my great appreciation of the interest taken and the assistance rendered by the Women's Institutes. Their organization is beginning to be a great power in the land and they are more and more evincing interest in everything pertaining to the home and children.

The reports from the medical men have been, during this past year, the most satisfactory the department has ever received.

I am submitting a detailed report of the schools examined.

H. E. YOUNG,
Provincial Officer of Health.

SCHOOLS INSPECTED

Medical inspectors; 154.

Reports from medical inspectors, 128.

High Schools

High schools. 1919-20, 45: Reported, 19. 1920-21, 52: Reported, 30.

Pupils inspected: 1919-20, 2,020; 1920-21, 3,049, an increase of 1,029.

Graded City Schools

Cities, 35. 1919-20. Reported, 23; not reported, 12. 1920-21: Reported, 25; not reported, 10.

Pupils inspected: 1919-20, 27,278; 1920-21, 32,392, an increase of 5,114.

Rural Municipal Schools

Municipalities, 27. 1919-20: Reported, 20; not reported, 7. 1920-21: Reported, 21; not reported, 6.

Pupils inspected: 1919-20, 13,154; 1920-21, 18,159, an increase of 5,005.

RURAL AND ASSISTED SCHOOLS

Schools inspected: 1919-20, 442, at a cost of \$7,041.50. 1920-21, 438, at a cost of \$9,574.25.

Schools not inspected: 1919-20, 108; 1920-21, 169.

Pupils inspected: 1919-20, 9,955; 1920-21, 11,231, an increase of 1,276.

Cost of inspection per pupil: 1919-20, 71 cents; 1920-21, 85 cents.

Percentage of defects: 1919-20, 91.52; 1920-21, 93.98, an increase of 2.46.

**OFFICIAL GUIDE FOR USE OF TEACHERS AND MEDICAL
INSPECTORS OF SCHOOLS**

Abstract

Provincial Board of Health

MEDICAL INSPECTION OF SCHOOLS

CHAPTER I.—TO THE TEACHER

PART I.—GENERAL INSTRUCTIONS

At the beginning of each term make a routine inspection of all the children in the room. Scholars with a rash of any sort, sore eyes, severe cough or cold, vermin of whatever nature, ringworm, or running sores should be referred at once to the medical inspector.

Readmit the pupil when he presents a medical certificate of health satisfactory to the medical inspector.

Render every assistance possible to the medical inspector in his visits, pointing out any cases requiring special attention.

Sight-testing.—Test the vision of each child, using the sight-testing card provided by this office. If your room is not so provided, write for one at once.

The test-card is fastened to the wall in a good light, so that the bottom is on a level with the eyes. Twenty feet measured from it and marked on the floor with chalk is the distance at which the child to be tested should stand. With good vision the child should be able to read the line marked D-20. If he fail he should be called upon to read the letters in the line above, D-30. If again unsuccessful, try him with the line above, D-40, and so on up until he is able to read the type correctly.

Children wearing spectacles should be regarded as having the vision they attain when wearing their glasses.

Make a note of each child not having normal vision, marking what line he is able to read, and hand this report to the medical inspector when he inspects the children of your room.

Vision should be tested each year as it may show considerable variation from time to time. In municipal schools the sight may be tested by the medical inspector or the school nurse.

In the every-day work of the school-room defects of hearing are quickly noted.

While medical inspection may appear to throw more work on the teacher, yet when carried out satisfactorily it tends to make the whole school-work easier and more efficient.

A healthy child makes a more intelligent pupil.

Extracts from "Schools Health Inspection Act"

Cases to be referred to the Medical Inspector.—The Board of School Trustees, or teacher in charge, shall cause to be referred to a school health inspector (who in such case must be a duly qualified medical practitioner) for examination and diagnosis, as follows:—

- (a) Every child returning to school without a certificate recognized by the local health authorities after suffering from or being exposed to any contagious or infectious disease;
- (b) Every child who has been absent on account of illness or from unknown cause;
- (c) Every child who shows signs of being in ill-health or suffering from contagious or infectious disease, unless he is at once excluded from school by the teacher;

Readmission of Pupils.—No child so referred to the School Health Inspector shall be permitted to return to school unless and until he delivers to the teacher in charge of the school a written certificate, signed by such inspector, permitting such return.

Remote and Isolated Schools.—In the case of schools in remote and isolated situations, the Board of School Trustees or teacher may make such other arrangements as may best carry out the purposes of this Act.

Infectious Diseases.—Whenever a child shows symptoms of small-pox, scarlet fever, measles, chicken-pox, tuberculosis, diphtheria, or influenza, tonsilitis, whooping-cough, mumps, scabies, ringworm, trachoma, or any other contagious or infectious disease, he shall immediately be sent home by the teacher in charge, or as soon as a safe and proper conveyance can be found, if such is necessary, and the Local board of Health and Board of School Trustees shall at once be notified by such teacher.

PART II.—RE FORM A

In filling out form A, the upper part is to be filled out on the admission of a child to school from information given by the mother preferably and signed by a parent or guardian. The balance of this page is reserved for the use of the medical inspector and school nurse.

The back of form "A" is the teacher's record.

Attendance should be noted each month when compiling the school records and the cause of absence given according to the code printed on the card.

In measuring the height, have the child stand erect with his feet together, and the weight on the heels and not on the toes or the outside of the feet. If the boots are worn, deduct the height of the heels before recording.

Endeavour to give as near the correct weight as possible, ordinary clothes being worn.

The date given under height and weight is to be the date when the height and weight are taken.

Conduct, effort, proficiency, and cleanliness may be recorded according to the code given.

Bear in mind that the card—Form A—has to last the whole school-life of the child.

When a child transfers from another school within the province, secure his previous card.

CHAPTER II.—TO THE MEDICAL INSPECTOR

General Examination of Children.—Examine each child individually, taking special note of the various points enumerated on form A under "Health Inspector's Record." The inspection of an average normal child requires about five minutes.

For the annual physical examination examine each child in a private room, apart from the general class-room during school-hours. The upper part of the clothing should be loosened so as to expose the upper part of the chest. (If objection is raised to this procedure it may be dispensed with.) The examination of two children at the same time frequently reassures those who are timid.

First note any peculiarity as to gait, general condition, and appearance, size and shape of the head, or as to clothing, foot-gear, and personal cleanliness; at the same time estimate the general nutrition and physical condition of the child.

The examination of the body may be best accomplished by commencing at the head and working downwards. Ringworm and vermin of the head should have been previously searched for by the teacher. Defects of vision and hearing will be pointed out by the teacher. Those defective will be re-examined by the doctor. Discharges from the ears should be looked for. Note if there is any watering of the eyes or gluing of the lids. The presence of synechiaæ or adhesions and the condition of the lens should be observed. Examine for defective nasal breathing.

In the examination of the mouth and throat, wooden tongue-depressors are to be employed. These depressors must never be used more than once. The number of decayed and missing teeth, the condition of the tonsils, and the probable presence of adenoids are all noted. In recommending treatment for tonsils, temporary enlargement must be differentiated from permanent enlargements, which require operative treatment.

Digital exploration for adenoids is not recommended, as it tends to frighten the child and renders it more difficult for the medical inspector to perform his general examination.

The neck is next palpated to detect the presence of enlarged glands. These are present in a large number of children, the enlarged submaxillary being due to carious teeth and the enlarged posterior cervical to uncleanly conditions of the scalp.

General chest-development and the state of the heart, lungs, and spine are next observed. This examination should include the usual methods of clinical examination, inspection, palpation, percussion, and auscultation. Early signs of lateral curvature of the spine are to be searched for. It will be seen at a glance which children require a thorough examination. Any abnormalities should have the teachers' attention directed to them and definite instruction given as to the necessity for any departure from the ordinary school-work or games.

Deformities of the legs or feet are to be noted.

The examination of the child's mental capacity and the general state of the nervous system is to be next conducted. If the child counts slowly up to twelve (12), defects of speech may be noticed. The mental capacity may be gauged by the general deportment of the child, his answers to questions, and the teacher's report. It may be classed as follows:—Mentally defective, very dull, dull, average, quick and bright.

The various points observed in the examination of the child are to be recorded on form A, which is kept in the school-room.

Annual Report.—Records must also be kept for the medical inspector's annual report, one line of which is to be used for each room. The tabulated form should be filled in at the annual inspection while the results are still fresh in the doctor's mind.

Examination of School Buildings, etc.—Medical inspection involves the systematic examination from a medical point of view of the school premises, appurtenances, and methods, as well as examination of the children, so before leaving the school examine the general state of the school grounds and buildings, whether the rooms are clean, well lighted, or crowded; if the drinking arrangements are sanitary or otherwise; if the grounds are clean and large enough; and if the closets are sanitary.

These points are all to be directed to the attention of the teacher and School Board.

Visits and Function of School Doctor.—Get the pupils to take an interest in your visit by giving them a little talk on cleanliness, the benefit of fresh air, or an some subject bearing directly on hygiene.

"In this and in many other ways the school doctor can make his visit to the class-room of great educational and hygienic value, of interest and stimulation to the teacher, as well as an hour of pleasure and happiness to the children.

"The function of the school doctor in relation to children in the schools is often mistaken even by medical men. It is no part of his duty to prescribe for or to treat any individual case. His work is preventive, and in individual cases only, applies to matters involving educational questions. He can call attention to the need of glasses, but he has nothing to do with prescribing them. He may notice the presence of adenoids, but takes no part in their removal. On the other hand, his work should extend far beyond mere investigation of the sanitary state of the buildings or the exclusion of unhealthy or diseased children. The methods of education, the requirements of physical exercise, the avoidance—particularly in the very young—of overstrain from prolonged fatigue or from improper tasks, are all matters in

which improvement can only be attained by the efforts of the school doctor. Above all, he must act, not as an authority to shut or close, to disturb or interrupt the proper work of the school, but as a counsellor and adviser with a knowledge of school routine and of the requirements of health, to assist and collaborate with the teacher and administrator, and it is with this purpose in mind that he should enter any school."—*Hogarth's "Medical Inspection of Schools," Chapter XI.*

The annual report is to cover the school-year from September 1 to June 30.

In addition to the examination at the school, pupils may be referred to the medical inspector at various times for the diagnosis of conditions which may require correction or the temporary exclusion of the child from school.

The medical inspector should exert every effort to win the confidence and co-operation of the teachers in the school. In the event of differences of opinion, full particulars of all facts relating thereto should be sent to this office.

Children requiring treatment are in all cases to be referred to their own physicians.

Write to this office if the school requires any of the forms provided for medical inspection.

CHAPTER III.—EXTRACTS FROM THE "SCHOOLS HEALTH INSPECTION ACT."

Appointment of Medical Inspectors.—(1) In municipalities the school trustees of every city and of every rural municipality school district in the province of British Columbia shall appoint one or more school health inspectors, shall assign to each inspector the schools to be inspected, and shall provide them with proper facilities for the performance of their duties as Health Inspectors of Schools and School Children.

(2) In unorganized districts the Provincial Board of Health shall appoint, in districts outside municipalities, one or more school health inspectors, shall assign to each inspector the schools to be inspected, and shall provide them with proper facilities for the performance of their duties as Health Inspectors of Schools and School Children.

Duties of Medical Inspector.—Every school health inspector shall forthwith upon his appointment, and thereafter at least once in every school-year, or oftener if required by the Board of School Trustees, make a thorough examination as to the general health of all children attending school in the district of which he is such inspector, and of all teachers and janitors in such district. He shall also carefully examine all school buildings and school surroundings in his district, and shall report to the said board, fully and in detail, the result of such examinations. In such report he shall state whether or not he considers that the condition of health of any child, children, teacher, or janitor (naming them) is such as to endanger the health of the children at such school, and shall set forth his recommendations as to the school buildings and school surroundings.

The school health inspector shall have supervision over all physical exercises of pupils attending school, and in special cases may modify or prohibit such exercises.

The school health inspector shall, on the demand at any time of the Provincial Board of Health, make a report on the Health conditions of the children attending any particular school or schools, or on any other condition in or around the school which might affect the health of the children.

An annual report shall be made at the termination of every school-year by the school health inspector to the Provincial Board of Health; such report to be in such form as the Provincial Board of Health may require.

Cases to be referred to Medical Inspector.—The Board of School Trustees, or teacher in charge, shall cause to be referred to a school health inspector (who in such case must be a duly qualified medical practitioner) for examination and diagnosis, as follows:—

- (a) Every child returning to school without a certificate recognized by the local health authorities after suffering from or being exposed to any contagious or infectious disease;
- (b) Every child who has been absent on account of illness or from unknown cause;
- (c) Every child who shows signs of being in ill-health or suffering from contagious or infectious disease, unless he is at once excluded from school by the teacher.

No child so referred to the school health inspector shall be permitted to return to school unless and until he delivers to the teacher in charge of the school a written certificate signed by such inspector, permitting such return.

Board of School Trustees shall act upon Report of Medical Inspector.—The Board of School Trustees for the district shall forthwith act upon such report, and shall remove from the school any child or children, teacher, or janitor whose health is so reported by the school health inspector as being dangerous to children in such school, and such child, children, teacher, or janitor shall not be permitted to return to school in such district unless and until he or they deliver to the said board a certificate in writing, signed by such inspector for the district, permitting such return.

It shall be the duty of the Board of School Trustees of each school district to see that the provisions of the "Health Act" are carried out as regards the pupils attending school in their district.

Isolated Rural Schools.—In the case of schools in remote and isolated situations, the Board of School Trustees or teacher may make such other arrangements as may best carry out the purposes of this Act.

Contagious Diseases.—Whenever a child shows symptoms of small-pox, scarlet fever, measles, chicken-pox, tuberculosis, diphtheria, or influenza, tonsilitis, whooping cough, mumps, scabies, ringworm, trachoma or any other contagious or infectious disease, he shall immediately be sent home by the teacher in charge, or as soon as a safe and proper conveyance can be found, if such is necessary, and the Local Board of Health and Board of School Trustees shall at once be notified by such teacher.

Forms and Records for Medical Inspection.—The Provincial Board of Health shall prescribe the directions for tests of sight and hearing, and shall prescribe and furnish forms for test-cards, blanks, record-books, and other useful appliances for carrying out the purposes of this Act.

VANCOUVER

REPORT OF HEALTH DEPARTMENT, 1921

Abstract

The infant mortality rate of 45.27 deaths per 1,000 births is a very encouraging decrease over the 1920 figure of 55.26.

Deaths from prematurity and congenital debility numbered 61 or 16.85 per 1,000 births, as against 24.66 per 1,000 in 1920.

DIVISION OF CHILD HYGIENE

The Division of Child Hygiene of the Health Department serves as a clearing-house for and the co-ordinating factor in the Child Welfare work for the city of Vancouver.

It is in charge of a physician—a trained pediatrician, and three trained nurses.

In every city there are babies brought into the world to mothers who do not understand how to care for them properly. To help these mothers and to improve the general conditions under which children are reared, is the chief object of this division, with this for a motto: "Keep well babies well."

The department commences with the newborn infant and endeavours to care for the child up to school age, when with the record of the case, the supervision is transferred to the medical inspector of schools.

Lectures and demonstrations are given to mothers at the clinics by the nurse in charge. The subjects are: breast feeding, artificial feeding, bathing, clothing, nursery emergencies, general care, etc. The mothers are most appreciative and show the keenest interest.

There is in attendance, at each clinic, a doctor, two nurses and a volunteer helper. All the pediatricians in the city generously give their time, one morning a week, at the clinics.

A most important and necessary feature of the work is the following up of the cases into the homes by the visiting nurse to supervise the carrying out of the instructions given—to advise, and to better understand the home conditions. Serious endeavour is made to recognize and have corrected physical defects, such as teeth, tonsils, adenoids, defective eyesight, etc., in children of pre-school age, to fit them for school life. This phase of work has greatly increased this last year, but as yet it is merely a beginning, as there is great need here for preventive work.

Private registered homes, where children under the age of seven years are boarded or kept apart from their parents, according to the city by-law, come under the supervision of this department. These homes care only for "Well babies and children." Their great advantage over the institution is that the children receive individual attention, mother's love, and have natural home surroundings. The need for these homes will be seen from the statistics.

The field for work is large and help limited, but the department has done much towards saving infant life alone, by increasing the proportion of breast-fed babies.

F. T. UNDERHILL, F.R.C.S.,
Medical Health Officer.

PLAY AND RECREATION

Abstract

The Board of Park Commissioners has under its control all public parks, playgrounds, etc., and the play and recreation movement comes under this department.

"We have, at the present time, one large and fully equipped and supervised playground, which caters very largely to the foreign section of our city. In addition to this we have play apparatus in several of the parks. The movement, headed by the Gyro Club of this city, whose objective this year is that of children's playgrounds, has resulted in that organization raising approximately \$25,000, which funds will be expended, under the supervision of the Park Board, in the establishment of about four fully equipped and supervised playgrounds; the work on one of which is practically completed, so that next year we expect that there will be at least five or six fully equipped and supervised playgrounds operated under the department.

In addition to these, we have about ten ball grounds and play areas for the larger sports such as football (soccer and rugby), cricket, lacrosse, baseball, grass hockey, etc., which grounds are allotted for the use of children as well as seniors.

Also, under the will of one of our late very prominent citizens, the sum of approximately \$13,000 has become available to this board for the express purpose of providing a model supervised children's playground."

W. S. RAWLINGS,
Superintendent.

THE CHILD WELFARE ASSOCIATION

In 1915 the Juvenile Protection Association (founded 1894) became the Vancouver Child Welfare Association. "Following that, a lady judge was appointed to the juvenile court—Mrs. Helen Gregory MacGill."

"Our next act was to reform the Boys' Industrial School and induce the Government to make provision to care for the deficient and defective and to institute schools for the deaf, dumb, and blind. This and much more was accomplished. In 1918 the Provincial Association was formed and next year the First Child Welfare Association met in Vancouver and was well attended and prolific of good results."

J. J. DOUGAN,

Secretary.

DEPARTMENT OF THE PROVINCIAL SECRETARY

Minister: Hon. Dr. J. D. MACLEAN.

Deputy Minister: Mr. J. L. WHITE.

Superintendent of Neglected Children: Mr. D. B. BRANKIN.

NEGLECTED AND DEPENDENT CHILDREN

The Superintendent of Neglected and Dependent Children, Mr. D. B. Brankin, gives the following summary of the work:—

DELINQUENT CHILDREN

In the cities of Vancouver and Victoria this work is carried on by Juvenile Courts established under the Juvenile Delinquent's Act of 1908. In other cities and municipalities it is handled by the stipendiary and police magistrates; in the unorganized districts by the provincial police and justices of the peace.

The Provincial Industrial School for Boys at Port Coquitlam, to which boys are committed from all parts of the province, is under the Provincial Secretary's Department.

NEGLECTED CHILDREN

The office of the Superintendent of Neglected Children is also under the Department of the Provincial Secretary. The Mothers' Pensions Act is now being administered by the Workmen's Compensation Board.

No report was published in 1921, but figures for that year, ending November 30, are as follows:—

There were 66 complaints received at the office, involving 125 children. Of these, 41 were committed to a Children's Aid Society.

The total grants to the Children's Aid Societies for the year 1921, were as follows:—

Children's Aid Society of Vancouver	\$4,092 85
Children's Aid Society of the Catholic Archdiocese of Vancouver	5,271 37
Total	\$9,364 22

The actual number of children paid for during the year was 114.

These figures apply only to children committed from unorganized districts. It has been impossible to keep an accurate record of children committed who are chargeable to the different municipalities as the Government does not contribute to their maintenance. However, commencing with April of this year we are asking the Children's Aid Societies to forward us monthly returns covering all children committed to their charge. We will then be in a position to compile more accurate statistics of children committed as neglected.

In addition to the per capita allowance, grants amounting to \$17,000 were made to different institutions caring for orphan and dependent children.

ADOPTION OF CHILDREN

During the year applications were filed involving 145 children of whom 64 were boys and 81 girls. Of these only five children had been committed to a Children's Aid Society. Forty-five per cent were children born out of wedlock.

FIRST ANNUAL REPORT OF THE SUPERINTENDENT OF NEGLECTED CHILDREN AND MOTHERS' PENSIONS FOR THE YEAR ENDING NOVEMBER 30, 1920

Abstract

REPORT ON NEGLECTED CHILDREN "ADOPTION ACT"

Since the passing of the "Adoption Act" in April, 1920, there have been filed at this office forty notices of application for adoption. Fourteen of these were for boys and twenty-six were girls.

This Act will be of great value and protection to children, as the child, once it is legally adopted, has the same rights as a natural child.

When the papers are properly filled in there is, as a rule, no difficulty in putting through the order.

I would like to point out that the "Adoption of Children Act" and the "Mothers' Pensions Act" will provide for many children who would otherwise have to be dealt with under the "Infants Act."

The "Mothers' Pensions Act" will enable mothers, who because of their inability to provide for them would have had to place their children in an institution, to care for these children at home.

The "Adoption of Children Act" will do away with the difficulties we have had to contend with in the past in regard to foster homes, as before the foster child was not protected in cases where the foster parents died without making a will in which the child was specifically mentioned.

REPORT ON MOTHERS' PENSIONS MOVEMENT

The movement for the enactment of a mothers' pension law in British Columbia began definitely as early as 1911 by the various women's organizations interested in social reform calling attention to the justice of the principle of such a law and passing resolutions in favour of it.

PRINCIPLE

The principle is simple. It is the recognition of a widely held and deeply rooted conviction that home-life and a mother's care are of such value in the proper rearing of children that no child should be deprived of their benefits on account of poverty alone.

HISTORY OF MOVEMENT

The very rapid growth of the movement in a very brief period of years shows what a long-felt want it has supplied. Like many great movements, it has been to some extent a matter of evolution.

Compulsory education laws had made it necessary to make state provision in the way of clothing, books, and, in some cases, of money for the children of indigent parents to attend school.

The Oklahoma law, enacted April 10, 1908, provided for a "school scholarship" equivalent to the earnings of a child to be paid to the widowed mother when such earnings were regarded as necessary to her support.

In Ontario in 1914 the Local Council of Women requested permission to create a fund to be known as the "Mothers' Pension Fund," to be dispensed to mothers who felt obliged to take their children from school before they were 14. The advent of the war prevented this being carried out.

The placing of orphan and neglected children in foster homes instead of institutions was a step in the right direction and worked untold benefit to the children.

Public opinion in the matter of providing help in some better way than by the older forms of poor relief or the uncertainty of private charity had been steadily growing, and since the passing of the first definite "Mothers' Pension Act" in Missouri on April 7, 1911, followed by the Illinois "Funds to Parents Act," also of 1911, the enactment of mothers' pension laws has gone forward by leaps and bounds. Almost every state in the neighbouring republic has passed such laws.

In Canada, Manitoba was the first province to pass a "Mothers' Pension Act" in 1916. Saskatchewan followed in 1917, Alberta in 1919, and British Columbia, April 17, 1920. Ontario has passed an Act to come into force in October, 1920, and Nova Scotia has one under consideration.

PREPARATION WORK

In British Columbia, after much education and publicity-work, it was realized that the time had come when the Legislature would have to be approached.

The Premier, the Hon. John Oliver, in eulogizing the delegation, said it was the most businesslike and representative delegation that had ever appeared before the Government.

So convincing were the arguments in favour of the Act that the Government appointed a commission to report on the advisability of bringing down legislation in the matter. This commission, composed of Mr. E. S. H. Winn, Mrs. C. E. Spofford, Mr. Duncan McCallum, and Mr. T. B. Green, was called the Health Commission, and reported on the following questions: Health Insurance, Public Health Nursing, Mothers' Pensions, and Maternity Benefits.

The report of this commission was received by the Provincial Parliamentary Session of 1919-20, and in it the necessity for mothers' pensions was so strongly emphasized that the existing "Mothers Pension Act" was passed on April 17, 1920.

TERMS OF ACT

Under the Act the following are included as properly being qualified to receive assistance:—

Any mother who is:—

- (a) A widow; or
- (b) A married woman whose husband is an inmate of the penal institution or public hospital for insane; or
- (c) A woman whose husband is unable to support his family by reason of sickness or accident arising while his wife was residing in this province; or
- (d) A deserted wife; or
- (e) Any other person whose case, in the opinion of the Superintendent, is a proper one for assistance under the provisions of this Act.

It will thus be seen that it is very broad in its scope and application.

LETTERS OF APPRECIATION

Many were the letters of appreciation and gratitude received from the mothers who were benefited. To many who had struggled on, deprived of the rightful bread-winner, with failing health, due to the double burden of providing for the family and caring for the home, as well as in some cases nursing invalid husbands, it seemed, as they said, "too good to be true."

Mr. BRANKIN,

Dear Sir,—Thank you for the mothers' pension check I received this afternoon, for which I am indeed grateful. It will enable me to care for my children in a better way than I have been able to do this last three years, and no one knows how heavy a mother's heart is when she has to leave her children to look after themselves

while she goes to work to keep them, and a mother is very dear to a child when it is left alone all day, but I am so thankful that this pension will give us the chance of giving what is every child's birthright, a mother's love and care.

Yours very gratefully,

.....

Too much praise cannot be given to the various Advisory Boards throughout the province. Their work of visiting, investigating, and keeping in touch with the various families has been wholly a labour of love for public welfare. They will reap their reward in the knowledge that they have so infinitely bettered conditions among the many widows and children.

The happier and more contented mother has a different outlook on life and can approach the questions that confront her in the care and upbringing of her children with a stouter heart.

Those of us who have been in close personal touch with the mothers themselves cannot but express our great admiration for the kind of women who are receiving pensions. Nowhere could a better type of mother be found than these brave women who have in their times of adversity tried to do double duty to their children, in many cases causing permanent detriment to their health.

PROBLEMS

Many are the difficult problems that concern the Advisory Boards in the decisions they reach regarding each application.

(1) For example, what constitutes indigence in the mother? Some who hold property assessed at a value over and above the amount stipulated have it heavily encumbered or for other reasons it is not revenue-producing. Where there is no will it cannot be disposed of during the minority of the children.

(2) Where there are older children contributing to the support of the home there are circumstances which prevent their giving what would be sufficient for their board; they may have incurred debts for their education which have to be paid.

(3) Where there are children over the school age of 14 and under 16 employed are earning a little money, the question arises, should they be granted pensions?

(4) Where there are relatives in the home who are not able to contribute sufficient for their support, would the granting of the pension assist them instead of the children?

(5) Should provision be made for children *in utero* or those conceived while the husband is incapacitated for work and the family receiving a pension?

(6) A rather remarkable situation is met with in the case of deserted wives who have secured legal separations with orders not sufficient for the support of themselves and their children, but whose papers have been drawn up with a clause barring them from taking further legal proceedings against the deserting husband and father. The question arises, should the man be free to throw his responsibility upon the State;

In the outlying districts of the towns and cities many of the mothers own their own little homes, in some cases free from encumbrances. In these cases the problem of living is somewhat reduced.

Housing conditions in the congested districts of the cities are serious. It is especially noticeable in rooming-houses, where the overcrowding of families and inadequate sanitary arrangements are a menace to health.

Mothers whose pensions are so insufficient that they work part of the time are obliged to live near their work to save time and car fare. These conditions, coupled with the street environment, are detrimental to the children.

More stringent enforcement of the laws, especially those relating to housing and health conditions, and also the "Deserted Wives Act," would assist the Advisory Board materially in their decisions.

Speaking generally, the administration of the "Mothers' Pensions Act," even for the very short time it has been in force, has accomplished what its most earnest advocates hoped it would do in the cause of social reform.

MANITOBA

DEPARTMENT OF AGRICULTURE AND IMMIGRATION

EXTENSION SERVICE

Minister: HON. NEIL CAMERON

Director of Women's Institute Work: Miss MYRTLE HAYWARD

SUMMARY of work done by Women's Institutes of Manitoba for Child Welfare Work during 1921

Total number of Child Health Conferences held	35
Total number of children examined	1,350
Defects found—	
Orthopedic defects	20
Requiring medical treatment	45
Nutritional defects	370
Necessary circumcision	240
Suffering from—	
Hernia	46
Skin disease	55
Tonsils	148
Adenoids	74
Other conditions	18

CHILD WELFARE WORK UNDERTAKEN BY THE UNITED FARM WOMEN OF MANITOBA

Child Welfare work undertaken by the United Farm Women of Manitoba has been of a two-fold nature, that of educating public opinion and of giving practical assistance in child welfare undertakings.

The inherent right of every child to health is being realized more forcibly every year by the organized rural women and in order that every child may enjoy this right they are undertaking their share of the responsibility of bringing health facilities to the rural districts. To this end the locals have engaged in a study of better health for children with concentration on the work of the public health nurse and baby health conferences. They have secured addresses from public health nurses and physicians, have appointed committees to interview and secure the sympathetic co-operation of municipal councillors and school trustees in the establishment of public health nurses in rural districts and have placed the Baby Books issued by the Federal and Provincial Departments of Health in the hands of rural mothers with little children.

Continued study has been made by the association of legislation affecting women and children with a view to disseminating knowledge regarding existing legislation, of giving support to good laws and of suggesting amendments where deemed advisable.

Gratifying results have followed their educational activities which have been carried on in conjunction with other associations. In numbers of rural districts public health nurses have been established, and in municipalities where economic pressure tended toward the elimination of the nurse, action on the part of the association in showing that the value of her services far outweighed the expense proved an important factor in the retention of the nurse.

Each year a larger number of baby health conferences are being held, the United Farm Women joining with other organizations in popularizing the idea, making the necessary arrangements and bearing their share of the expenses. Statistics show that 100 per cent healthy babies are on the increase in these districts.

The establishment of rest rooms has been encouraged and the number is being enlarged every year with the object of giving better care to the mother and her child.

In many United Farm Women of Manitoba locals, committees are appointed for the purpose of reporting cases of destitute children and supplying them with clothing, sewing for the needy, overseeing that those bereft of parents receive institutional or other care and reporting physical handicaps and disabilities with the object of medical care being given at a time when health may be restored. Donations of clothing, farm produce and money are made annually to charitable institutions for children.

Junior United Farmers of Manitoba locals are now being organized with the purpose of developing within the children the realization of their individual and collective responsibility as citizens. In their co-operation for community betterment and national progress the Juniors include in their activities many phases of child welfare work.

MABEL E. FINCH,

Secretary.

DEPARTMENT OF EDUCATION

Minister: HON. J. BRACKEN

Deputy Minister: MR. ROBERT FLETCHER

SCHOOL HYGIENE

Plans of school buildings must be approved by the department.

SCHOOL HEALTH EDUCATION

Hygiene is taught throughout the grades of the elementary school, with a textbook for pupils in grades V and VI.

MEDICAL INSPECTION OF SCHOOLS

In Winnipeg the medical inspection of schools is organized under the Winnipeg Board of Education, who employ fourteen school nurses and a staff of medical inspectors and dentists. Outside of Winnipeg, this branch of public health work is carried on as health inspection in schools by the Public Health Nurses' Department. Physicians are employed in two school districts only.

The following is an outline of work done in the schools by Public Health Nurses: Individual examination of school pupils in a given area at least once a year.

Class room inspection, in village and town, is done as often as circumstances permit.

Individual health instruction to pupils at the time of examination.

Health talks in the classroom on subjects relating to personal and community hygiene.

In connection with health instruction, the Public Health Nurses organize Health Crusades, wherever possible. The purpose of the Health Crusade is as follows:—

(1) To promote good health habits among the pupils.

(2) To spread knowledge concerning the cause and prevention of disease.

The Health Crusades help the school pupils to acquire health habits by introducing the play element into the study and practice of hygiene. Beside giving the pupils something to do, and honours to earn, the approved system of learning health habits is by doing them—giving practical application following the health talks. The Health Crusade is carried on by observing the health chores, and other detailed health rules which in the opinion of the nurse and the teacher seem advisable.

Little Mothers' Leagues.—These classes are organized in all town and city schools for girls in the eighth grade. Special classes are formed for girls thirteen years and over, in the primary grades. The following subjects are taught: Personal hygiene, home and community sanitation, care of children and home nursing and first aid.

Nutrition Classes.—Nutrition classes are organized in such schools where the nurse can make frequent visits to conduct such classes. They are organized for groups of children, according to development, who are found to be suffering from malnutrition. The co-operation of teachers, parents and children is enlisted that each pupil may profit from the instruction and care given to increase his weight and general health.

Other Special Classes:—

- (a) Home nursing and first aid instruction to High School pupils.
- (b) First aid to special groups of boys.
- (c) Stammerers' classes where advisable.

Hot school lunches are advocated and urged especially in the rural schools. Some school boards provide equipment and part of the supplies. The Provincial Board of Education has made arrangements to pay part of the cost of equipment in order to further this work.

PLAYGROUNDS

Outside of Winnipeg, each school board is responsible for the organizing and conducting of playgrounds. Up to the present playground equipment in the school grounds has been advocated and obtained in many town and village school districts. Rural schools as a rule do not enjoy this advantage.

As far as known, each school board provides the school equipment, usually consisting of swings, slides, and boxes, and see-saw.

In Winnipeg there are many voluntary associations working for child welfare. Outside of Winnipeg the Women's Institutes, the United Farm Women, I.O.D.E., and local Red Cross Societies. The agricultural societies have rendered valuable assistance in providing for Child Health Conferences at the summer fairs, which are conducted by the Public Health Nurses' Department of the Provincial Board of Health.

MEDICAL INSPECTION DEPARTMENT, BOARD OF EDUCATION, WINNIPEG

The following extracts are taken from the Report of the Chief Medical Inspector, Dr. Mary E. Crawford, for the year ending December 31, 1921, to the Board of Education, Winnipeg:—

There is a notable increase in the number of enlarged thyroid glands (goitre) found in High School pupils, and the majority of these were found among the girls in one High School. It was observed also in this connection that the goitre is usually accompanied by great increase of adipose tissue, and in a small number by excessive underweight.

This condition should be a matter of concern, and some definite effort made to supply the lacking iodine, a deficiency which has to be supplied by the thyroid gland, and which enlarges in consequence.

There is no doubt that inhabitants of a great inland area, far from the influence of the sea, must suffer from lack of essential iodine, and although race seems to be an important factor, goitre is so much on the increase among our adolescent girls that the best methods of combating this menace to the safe equilibrium of health, should be studied and applied.

The nurses' report reveals but inadequately the amount of service given. Their work in detection and control of contagion is worthy of the highest praise.

Nearly 70 per cent of the contagion in the schools was discovered by them. The number of pediculosis cases has been materially reduced, and this entirely by their

patient and painstaking efforts in the schools and in advising parents as to the best means of dealing with it.

The personal interest they take in physically defective children, and the giving of their services to these children to take them to the hospitals, etc., for treatment, when mothers are too busy or ill at home, is a very high form of social service.

Through their intimate knowledge of home conditions they are able to co-operate in other social welfare.

The taking of family and developmental histories for the psychologist has been done in a very satisfactory manner, and much useful information obtained to throw light on the cases concerned, so that a correct diagnosis may be made, and suitable treatment undertaken.

The "Little Nurses' League" lectures have reached three hundred new girls this year, and have given information where most needed as to the care of and feeding of children. These lectures are given from March 15 to the end of June.

A complete list of children who were either tubercular themselves or were contacts was obtained from the city health officer, and these names were distributed among the school nurses. By this means closer supervision of these children was made possible, and the health office was assisted by obtaining new addressees of families under the health office supervision who had moved and failed to report to the City Hall. The children being obliged to attend school were, in this way, readily located.

Analysing the report on contagious diseases, it will be found that 999 school children suffered from the severer diseases, or 3 per cent of the average number of children on school registers for the year—34,500.

The summary of the nurses' report is as follows: Twelve nurses on the staff in January; fourteen nurses on staff on February 1 to end of year.

Number of visits to schools	5,294
" visits to homes	15,129
" pupils examined (routine)	118,226
" pupils examined for medical inspectors	20,627
 Total examinations	 138,853

Completed refractions—	
Number not needing glasses	33
Number for whom glasses were prescribed	386
	419
Number of prescriptions given	404
Prescriptions given for external diseases of eye (not needing glasses)	18
Glasses prescribed for hyperopia	112
" " myopia	34
" " simple astigmatism	9
" " mixed astigmatism	25
" " hyperopic astigmatism	11
" " myopic astigmatism	0
" " compound hyperopic astig- matism	176
" " compound myopic astigmatism	19
	404
Number of cases who have one-third or less of normal vision, with glasses, who cannot be improved	1
Suspected congenital syphilis referred to medical clinic	1
Referred by medical inspection department to Canadian Institute for Blind	2

GLASSES SUPPLIED TO CHILDREN BY SCHOOL BOARD

Number of children supplied	225	
Supplied free by school board	170—costing	\$1,068 00 \$1,068 00
Part paid by school board	{ Paid by school board	245 00 245 00
part by parents 55 { Paid by parents		136 50
	225	
Fifteen pairs of glasses repaired free by school board		\$1,313 00 \$1,449 50
		23 80 23 80
Total cost to school board		\$1,336 80
Total cost of glasses and repairs		\$1,473 30

The average cost of glasses was \$6.44 per pair—an increase over 1920 of 44 cents per pair.

(g) PUPILS EXAMINED BY TWO OCULISTS	
Number of clinics held	217
Number of children examined	684
Returned for observation after being fitted with glasses	15
Number not refracted because drops were not used, or children did not return to clinic	35
Number of refractions completed	419
Number of refractions not completed	157
Number not needing refraction	58
	684

The work done by the four medical inspectors and two oculists is as follows—

Number of schools completed	41	
Total number of children examined		21,859
(a) New pupils examined, elementary	6,867	
(b) Pupils previously found normal, re-examined, elementary	6,245	
(c) Pupils previously found defective, re-examined, elementary	5,639	
(d) High school pupils examined	1,252	
(e) Special physical examination of pupils referred by psychologist	582	
(f) Pupils specially examined for contagious diseases	590	
(g) Pupils examined by two oculists	684	
		21,859
Average number of routine physical examinations given by each medical inspector		5,000

DENTAL INSPECTION REPORT

The report of the Chief Dental Officer, Dr. R. J. R. Bright, states that the staff consists of one dentist working full time and five half-time, and that a total of 4,475 children have been examined 3,587 of whom required treatment. 21,273 treatments were given during the year and 980 class-room talks were also given.

SPECIAL OR AUXILIARY CLASSES

There are no special or auxiliary classes in the province except in the city of Winnipeg.

PLAY AND RECREATION

Teachers in training in the Normal Schools are instructed in suitable games, singing games, etc., and in physical exercises.

THE SCHOOL FAIR

At one time sports are featured, at another time hikes, garden socials, debates, entertainments, achievement day programmes, etc.

Demonstration team work is a phase of club work carried on for the past three years which bids fair to be one of the most useful agencies in training both the boys and girls.

CHILD WELFARE AMONG NEW CANADIANS

The following reference to this important subject is from a Winnipeg paper:—
“It is a romance built upon the sure foundation of the sympathetic endeavours of the teachers.

In Manitoba, that work will always be connected with the name of Dr. Thornton, who was responsible for its initiation. But here and in the other provinces there should be written high in the roll of great service the names of many of the teachers in these schools.

One such wrote me this week:— “I have 28 on my register just now and of these, 18 come from homes where Finn is spoken (in most cases the mother knows little or no English); two boys come from a home where Norwegian is spoken and where most of the neighbours are Norwegian. Their mother speaks English a little and she is so proud of the progress her boys are making that she at intervals makes me a present of a nice, big, home-made cheese. The five others are of Swedish parentage and speak some English at home; but, really, I would almost rather they spoke none, for what they hear is rather a hindrance than a help. Two are of Scottish parentage, from the States, and one solitary girl of Canadian parentage, mother of German extraction, while grandmother, on father's side, is, I know, English. Thus, while my school is scarcely reckoned among the strictly foreign-born schools, you can see how decidedly our schools are ‘melting pots.’”

“There is nothing spectacular about my work. I spend a great deal of time with their reading, taking care to explain or ask if they understood all new words. At first they did not know the names of any part of their bodies, any of the ordinary foods, action, parts of time, etc., but now I can see that my spade work of the last two years is bearing much fruit, for they understand most of what they read in grades three and four without much more explanation than an average Canadian child would need. Bread, butter, cheese, jump, hop, run, had all to be explained. Every day I take a little talk with them all together for about a quarter of an hour on nature or health or something similar. Thus they have learned a great number of words.”

She goes on:—“For the lunch hour I have tried to make them eat in a healthy decent way, for one hears so much of the dangers of the dinner recess, and I know these dangers exist if one does not watch. It can be done without the youngsters realizing. About five minutes to 12 or so, as they finish work, they go into the porch to wash their hands — each child brings a little towel and soap from home — and I've never had any trouble over this. Then, if we are eating lunch in school, they bring back to their places dinner pail and cup, which hangs on their own particular nail in a cupboard in this porch. Everyone has a piece of oilcloth or lunchcloth which fits the desk, and as soon as I am ready these are spread on the desks, and we sing ‘grace’ and begin. They know they cannot go out or move about till the bell goes, and I generally make them take a quarter of an hour to twenty minutes; I have found this makes them eat more and more slowly. All put their own things away and the janitor sweeps up; there are very few crumbs. Many of them bring milk or lemon drinks in summer.

“In the cold weather we have a very easily prepared hot lunch. We have a big double boiler and in the top we have plenty of milk. As soon as we ‘go in’ some of the bigger ones pare and cut up the potatoes which go into the milk to form scalloped potatoes or milk soup; onion does as flavouring, pepper and salt to taste. This cooks slowly on the stove and is ready by noon. We all have little bowls and enjoy it immensely. The hot water in the lower section makes them a drink of hot cocoa. This may seem monotonous diet, but when I tried to introduce rice or something similar I found they all preferred the potatoes, so we stick to that and enjoy our hot lunch. A few times one of the mothers has sent a chicken ready prepared, and it was delicious cooked in milk in the double boiler.

“This costs very little. We grow some of the potatoes in the school garden and the children bring the rest. They take it in turns and make all arrangements. I hear them telling each other whose turn it is.

“When we have hot lunch, each child puts his or her cup and bowl and spoon in a big bowl placed ready, and they all, boys and girls, take turns in washing up, two at a time, one big and one little.

"Some of these live from 11 to 13 or 14 miles from X, and a few of the younger ones have never been there, never seen a train or a big building, and only the trees they have planted around their farms. Yesterday many of them were going to a circus in town and were greatly excited, so we have two days' holiday. I expect to hear all about it on Monday, if I can get them to talk much. It needs some suggestive questioning, as they know what they want to say but can't always put it together. I have to encourage by saying 'Never mind mistakes.'"

Perhaps this story sounds simple on the reading, but between the lines are the evidences of patience and sympathy, understanding and kindness. Although the writer has made no mention of it, I know that times have not been easy in that district. There have been much drought, crop failure and discouragement. But she, a graduate of an old and proud university, has thought it worth while to stick with her work—only a country school, far out on the Canadian prairie. It is an experience that has for its final cause not only the enriching of the lives of these children, but the building of Canada."

JUVENILE COURTS

NEGLECTED, DEPENDENT AND DELINQUENT CHILDREN

There are in Manitoba two Juvenile Courts, one being at Dauphin, Man., for the Northern Judicial District of Manitoba, of which the judge is R. W. Hawkins, police magistrate, and to which is attached one probation officer, Mr. Wm. Murray.

The other Juvenile Court is at Winnipeg and was opened on February 5, 1909, with the late Hon. T. Mayne Daly presiding as first judge. In 1918 the Juvenile Delinquents Act was proclaimed for the whole Eastern Judicial District and the judge of the Juvenile Court in Winnipeg has jurisdiction over the whole Eastern Judicial District in relation to juvenile offenders. The present acting judge is D. S. Hamilton, B.A., a provincial police magistrate, who has been in charge since the retirement of Judge D. W. McKerchar on February 1, 1922.

There are three regular probation officers and a stenographer connected with the court, one of the probation officers being a woman. The six school attendance officers of the city are also probation officers ex-officio and there are two volunteer probation officers, one representing the Rotary Club and the other All Peoples Mission of the city.

With regard to medical examinations of delinquent children, Dr. A. T. Mathers, a specialist in mental diseases, examines by request of the Juvenile Court, any child as to its mental or physical condition. Dr. Mathers' services are secured through the Provincial Government. Dr. W. E. Munroe is the attending physician at the Detention Home connected with the court at Winnipeg and medically examines many of the children regarding their physical condition.

"The Children's Act" being Chapter 30, Revised Statutes of Manitoba, 1913, and the Dominion Juvenile Delinquents' Act, 1908, are the laws in force in regard to the care of neglected, dependent and delinquent children, the former Act being applicable to the whole province and the latter to the districts for which it has been proclaimed.

"The Children's Act" is administered chiefly through the Superintendent of Neglected and Dependent Children and his staff, and the Juvenile Delinquents' Act through the Juvenile Court organization, but the Department of Neglected and Dependent Children and the Juvenile Court enjoy the co-operation of police, and police magistrates throughout the province in the enforcement of laws relating to child welfare.

At the last session of the Manitoba Legislature "An Act respecting the Welfare of Children" was passed and this Act when proclaimed by the Lieutenant-Governor in Council, will become the law under which all classes of children requiring special care will be dealt with and certain other Acts will be repealed.

With reference to the "Adoption of Children," Manitoba has not had an Adoption Act in the past, but part IX of the new Child Welfare Act deals especially with the "Adoption of Children."

Up to date the great majority of adoptions have been arranged through Children's Aid Societies placing out children who had been previously made wards of these societies through the courts. There have been a number of children placed through private arrangements by individuals or institutions by deeds of adoption without any court action, or reference to the Department of Neglected and Dependent Children. The recent legislation provides for more systematic registration and supervision of children placed in institutions and foster homes.

Part IV of the new Act respecting the Welfare of Children deals with "Children whose parents are not legally married to each other" and aims to provide better protection for this class of children.

The Department of Neglected and Dependent Children which was formed in 1908 and the Juvenile Court established in 1909, are both at present under the Provincial Department of Education in Manitoba and are closely related in carrying on the work on behalf of needy children.

REPORT OF WINNIPEG JUVENILE COURT

JUDGE D. W. MCKERCHAR

During the year ending June 30, 1921, there were 1,248 offenders against law and order brought before the Juvenile Court at Winnipeg as compared with 1,289 during the preceding year, thus showing a slight decrease in numbers.

The 1,248 offenders consisted of:—

- 1,001 boys under 16 years of age.
- 70 youths between 16 and 19 years of age.
- 135 girls under 16 years of age.
- 19 maidens.
- 23 adults.

A comparison of the statistical tables hereto attached with those of the preceding year shows that the more serious offences against property have been on the increase. Cases of theft increased from 267 to 299; shopbreaking and theft from 84 to 115; wilful damage from 80 to 103, and disorderly conduct from 70 to 126. Neglect cases also increased from 52 to 83, but offenders against city by-laws decreased from 403 to 272. One hundred delinquents were referred to the psychopathic department for investigation, examination and report by Dr. Alvin T. Mathers and his aides. Complete reports have been received on eighty of these, showing that 35 were either normal or supernormal; 26 subnormal or borderline cases; 4 inferiors; 12 morons, and 2 imbeciles. These inferiors, morons, and imbeciles constituting 22½ per cent of the cases reported on, require institutional care, whilst the subnormals constituting 32½ per cent of the cases reported on require special training and attention in order to enable them to attain to the highest possible efficiency of which they are capable. One child of thirteen years of age has the mental capacity of a child of six years and four months, and an intelligence rating of 40 per cent. The highest point attained is that of a child of fourteen years and four months who possesses the mental capacity of a youth of eighteen and intelligence rating of 114 per cent. In practical knowledge, 46 per cent of those examined by Dr. Mathers were poor, 33 per cent fair and 21 per cent good. In moral reactions 54 per cent were poor, 41 per cent fair and only 5 per cent good.

A physical examination revealed the fact that 43 per cent of those examined had unhealthy throats, 11 per cent had carious teeth and 6 per cent were under-developed.

I believe that the closing of supervised play grounds on September 1, in each year accounts to some extent for the increased number of delinquents in that month and that the fact that October is an off month for organized sport—between seasons for sport life—accounts for the surplus energy of youth finding an outlet in delinquency during that period.

During the past four years seventy delinquent boys from the city have been sent to work on farms in the country from the Juvenile Court. Six of these were placed by Mr. W. R. Carter, Superintendent of the Detention Home, and are all doing well. The remaining sixty-four were allowed their liberty under the supervising care of Rev. Harry Atkinson on condition that Mr. Atkinson would send them out to work on selected farms where they would be properly cared for and trained and where they would receive reasonable compensation for their services. Eight of the sixty-four were first offenders or orphan boys; eleven had been twice before the court; nineteen had been three times before the court; twelve had been four times; five of them five times; one of them six times; three of them seven times; one of them eight times, whilst one had been as often as fourteen times before the court. Seven of these boys received splendid reports from their employers; thirty-one, good reports; fourteen, fair reports, and twelve, poor. Of the twelve poor ones, ten had to be dealt with again by the courts. Of these, eight were sent to the Industrial School for Boys at Portage la Prairie, one spent a term of three months in gaol and one spent a term of over two years in the penitentiary at Stony Mountain. Sixty out of the seventy, or nearly 86 per cent of boys thus taken from unsatisfactory homes in the city and sent to the country for a year or more have not again transgressed.

Thirty-six—one-half—of these boys are still on farms. Many of them now prefer country life to the city and continue on at farm work after the term arranged for them under the direction of the court, has expired.

During the fall of 1920 W. H. Moor, who has charge of work for under-privileged boys for the Winnipeg Rotary Club, intimated that the Rotarians of the city were prepared to assist the court in any way I might suggest in caring for delinquent boys. Mr. Moor was requested to enlist the services of individual members of the Rotary Club to act as "Big Brothers" to some of the court wards. It was arranged that Mr. Moon should interview each boy, study his case record and then select the Rotarian best fitted to handle the particular boy in question. Twenty delinquent boys were thus assigned, each to a member of the club as a "Big Brother" in the month of November, 1920. These boys were not easy marks by any means. Nearly all of them were working boys, past school age, who had been repeatedly before the court for various offences. Any one familiar with work for boys will readily realize that an adolescent boy just out from the restraints of school, earning money for himself and who had been repeatedly an offender is not the type easily guided or directed. The results so far, however, have been satisfactory to all concerned. Only two of the twenty boys have been returned to the court. The remaining eighteen have been getting along nicely. Mr. Moor attends court regularly for the purpose of finding further opportunities for Rotarians to serve delinquent boys.

Very few people appear to have a proper appreciation of the function of a Juvenile Court. To most people it is simply a form of police court for children, whilst to others it is an ethical training school whose duty it is to train all the children in the community that none of them will ever require to appear before any court. It is the function of the home, the school, the church and other agencies to train children in morals, ethics and religion and the function of the Juvenile Court to safeguard the lives of such children in the community as the home, the school and the church fail to reach effectively. The court has no jurisdiction to deal with the moral, ethical or religious standards of any child who has not transgressed some man-made law, or who has not been neglected or ill treated by its parents or guardians. But once a child has violated the provisions of any Dominion or provincial statute or municipal by-law, or has been neglected or ill treated by a parent or

guardian, it is then the duty of the proper officers of the law to bring such child to the Juvenile Court, not for punishment, as in the case of an adult, but for correctional treatment as regards conduct or surroundings or, as the Juvenile Delinquent's Act expresses it:—"That the care and custody and discipline of a delinquent or neglected child shall approximate as nearly as may be that which should be given by its parents, and that as far as practicable every delinquent or neglected child shall be treated, not as a criminal, but as a misdirected and misguided child, and one needing aid, encouragement, help and assistance."

THIRTEENTH ANNUAL REPORT OF THE SUPERINTENDENT OF THE CHILDREN'S ACT OF MANITOBA

Abstract

D. S. HAMILTON, Winnipeg

The duties performed by this office under the powers conferred by the Children's Act are of a varied nature, and extend over the whole province. The problem of caring for neglected and dependent children is a large one and sometimes necessitates our dealing with delinquent, defective and truant cases, which are closely related to the question of neglect or dependency. Cases arise from time to time which call for joint action on the part of two or more departments and we have co-operated with the School Attendance Branch, the Public Health Department, the Mother's Allowance Commission, and the Juvenile Court, whenever necessary.

The children involved represented about twenty different religious denominations and about thirty different nationalities, as revealed in the Children's Aid report.

During the past year many cases of neglect, destitution or ill-treatment throughout the province received attention from our department. A considerable number were adjusted by correspondence with municipal or other officials. Upwards of two hundred cases, however, involving over four hundred children required personal investigation by a representative of our department. I am pleased to say that nearly ninety per cent of these cases were adjusted without removing the children, but it was found necessary to remove several children temporarily or permanently from homes in which conditions were so serious as to call for drastic action. Our policy in regard to provincial cases has been to enlist the co-operation of the municipal councils and other local agencies in as many cases as possible and thus obviate the necessity of removing children from their homes, excepting in extreme instances.

Inspection of foster homes has been carried on during the year and the reports of inspectors indicate satisfactory conditions in almost all the homes visited. In a field in which so many homes are involved there is bound to be a certain number which fall below the standard or in which the adopted children appear to be misfits. These represent but a small minority, and yet, for the sake of guarding the interests of all, systematic inspection is very necessary.

Supervision of the newsboys has been carried on as usual and the bowling alleys have also been supervised with beneficial results. Some of the newsboys have failed to strictly observe the law regarding hours of sale, but on the whole the conduct of the boys has been satisfactory in connection with their work.

PROVINCIAL BOARD OF HEALTH

Chairman: Dr. GORDON BELL

Corresponding Secretary of the Provincial Board of Health: Dr. M. STUART FRASER
Superintendent, Provincial Public Health Nurses: Miss ELIZABETH RUSSELL.

The following extracts are given from the report of Miss Elizabeth Russell, Superintendent of the Public Health Nursing Department for the year ending December 31, 1921:—

Number of nurses on the staff, December 31, 1920	43
" " on the staff, December 31, 1921	50
" " on leave of absence, December 31, 1921	2
" " resigned during the year 1921	7

REPORT OF WORK CARRIED ON IN THE SCHOOLS

A total of 31,740 children were examined and recorded by the nurses during the year. The classification of this number is as follows:—

First examination of the children	13,269
Children with defects	10,425
Children with suspected defective vision	1,594
Children with suspected defective hearing	450
Children with unsound teeth	6,600
Children with suspected diseased or enlarged tonsils	4,880
Children not vaccinated	8,066
Children with symptoms of enlarged thyroid gland	1,117
Children with symptoms of malnutrition	416
Children referred to—	
Private physicians	2,827
Clinics	217
Health officer	248
Dentist	3,297
Hospital	56
Results obtained—	
Children had glasses fitted	451
Children had glasses refitted	104
Children had tonsil operations	238
Children had adenoid operations	122
Children had tonsil and adenoid operations	757
Children received dental treatment	2,327
Children received surgical treatment	44
Children received medical treatment	464

REPORT OF HEALTH EDUCATIONAL WORK IN SCHOOLS

School room talks given	4,233
Nutrition classes held	40
Attendance at nutrition classes	421
Little Mothers' League classes held	421
Attendance at Little Mothers' League classes	12,081
First Aid classes held	472
Attendance at first aid classes	1,947

OTHER WORK IN CONNECTION WITH SCHOOLS

Assisted physicians with vaccination of pupils.

Took throat swabs to detect, and prevent, the spread of diphtheria.

Interviewed school trustees to obtain improvement of sanitary conditions in the schools.

Obtained the co-operation of teachers and parents in several districts in establishing hot lunches, and the Health Crusade.

Instruction in home nursing and first aid was given to Normal students in Brandon, Manitou, St. Boniface, Portage la Prairie and Winnipeg.

Dental clinics held in connection with Child Welfare Stations, at Brandon and Portage la Prairie, for the benefit of school children. The Portage la Prairie clinic was established in September. The dentists are generously giving their time, and services, the dental equipment being provided by the city councils.

REPORT OF DENTAL CLINICS

Total number of dental clinics held	267
" attendance at dental clinics	746
" treatments at dental clinics	557
" extractions at dental clinics	487
" fillings at dental clinics.	509

REPORT OF WORK CARRIED ON IN THE COMMUNITY

During the year seventy-six lectures were given before public bodies on various phases of health work.

HOME VISITS MADE FOR THE PURPOSE OF GIVING INSTRUCTION AND DEMONSTRATIONS IN HEALTH MATTERS

In pre-natal and post-natal care	750
In infant welfare	4,417
In care of children of pre-school age	1,674
In care of school children	12,671
In care and prevention of communicable disease	1,812
In social service work	976
For mothers' allowance commission	372
Total number of patients referred to private physicians	1,792
Total number of patients referred to clinics	287
Total number of patients referred to health officer	404
Total number of patients referred to dentist.	1,423
Total number of patients referred to hospital	269
Total number of patients referred to social agencies for relief and social improvement.	128
Total number of patients accompanied to and from hospital and clinics	360

PUBLIC SERVICE NURSING

This being nursing care given to patients, by Public Health Nurses, to demonstrate in times of epidemic, or in emergency.

Total number of visits made to patients	1,120
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CLASSIFICATION OF CASES

Medical	544
Surgical	207
Maternity	346
Communicable Diseases..	23

VISITS MADE IN CO-OPERATION WITH THE FOLLOWING ORGANIZATIONS	
Department of Neglected and Dependent children..	15
Ninette Sanatorium	44
Provincial Police Department	23
Winnipeg Bureau of Child Hygiene.	38
Winnipeg Social Welfare Commission	20

HEALTH LECTURES

Instruction in home nursing and first aid is given to all organizations requesting the same.

Number of home nursing and first aid lectures given	161
Number of lectures given on health topics.	76
Attendance at home nursing and first aid lectures	5,751
Number of meetings attended in connection with public health work..	161
Number of 'phone calls in connection with public health work, other than those at the main office	7,530
Number of interviews in connection with public health work by nurses in their respective districts	7,324
Number of districts visited by nurse to demonstrate the work of the public health nursing service	4

CHILD WELFARE STATIONS

Number of Child Welfare stations opened during 1921	8
Number of Child Welfare stations previously established	9
Total number of welfare stations established	17

REPORT OF WORK IN CONNECTION WITH CHILD WELFARE STATIONS

Total number of child welfare clinics held	528
" attendance at child welfare clinics	4,065
" treatments given at child welfare clinics	870

Physicians of each community have most generously given of their time and services, at the Child Welfare Stations. This is greatly appreciated by the mothers, and the benefit derived is of untold value to the children.

CHILD HEALTH CONFERENCES

We are glad to report an increase of 57 conferences held during the year as against 35 for the year 1920. This phase of child welfare work is meeting a great need throughout the province, babies being brought in some instances a distance of forty miles for examination by the child specialist. The nurses report a tendency on the part of the public to rate the value of the conference on the number of babies attending; this is a mistake. The most satisfactory conferences were those where ample time was allowed for thorough examination of the babies by the doctor, and discussion of the defects and problems with the mothers.

Child Health Conferences were held principally in connection with summer fairs, under the auspices of the Women's Institutes, Agricultural Societies, Boys' and Girls' Clubs, Women's Branch of the Manitoba Grain Growers' Association, Soldiers' Settlement Board and other agencies; and our thanks are due to these organizations for their interest and assistance in advancing this important phase of child welfare work. The Child Health Conferences were held at the following places:—

Birds Hill	MacGregor	St. Vital
Boissevain	Manitou	Soldier Settlers' Wives at,
Brandon	Miami	Brandon
Carman	Minnedosa	Dauphin
Charleswood	Morden	Winnipeg
Crystal City	Morris	Portage la Prairie
Dauphin	Morse Place	
Deloraine	Mulvihill	Stonewall
Dugald	Neepawa	Sturgeon Creek
East Kildonan	The Pas	Swan River
Elm Creek	Pilot Mount	Virden
Emerson	Pipestone	Warren
Gilbert Plains	Portage la Prairie	Woodlands
Gladstone	Reynolds	Winnipeg
Glenboro	Roblin	All People's Mission
Hamiota	Roland	St. Paul's Church.
Hartney	Rossburn	
Holland	Selkirk	
Isabella	Shoal Lake	
Kinosisa	Souris	
Langruth	St. James	
Total number of child health conferences held	57	
Total number of children examined	2,105	
Defects found—		
Orthopaedic defects	34	
Requiring medical treatment	59	
Nutritional defects	613	
Circumcision necessary	318	
Suffering from—		
Hernia	65	
Skin disease	89	
Tonsils	174	
Adenoids	56	
Other defects	126	

SUPERVISION OF MATERNITY HOMES, BOARDING HOMES FOR CHILDREN AND DAY NURSERIES

Since October the licensing and supervision of Maternity Homes, Boarding Homes and Day Nurseries in the province of Manitoba has been carried on under the direction of the Provincial Board of Health, by the Public Health Nursing Department. The department co-operates with the Winnipeg Board of Health, in carrying on this work in Winnipeg, thereby eliminating duplication of effort, yet maintaining uniformity of standards throughout the province.

Statistics, October to December 31, 1921

Number of applications for boarding home permits	12
" investigations made into boarding homes	34
" boarding homes placed on trial	13
" boarding home permits rejected	4
" visits made to boarding homes	34
" applications for maternity home permits	8
" investigations made to maternity homes	14
" visits to maternity homes	7
" cases referred to social agencies	7
" cases dealt with by social agencies	5
" interviews	28

In connection with public health work, the department has co-operated with the following:—

Board of Education,
 Extension Service of the Agricultural Department,
 Hospitals,
 Manitoba Branch of the Canadian Red Cross Society.
 Margaret Scott Mission,
 Mothers' Allowance Commission,
 Ninette Sanatorium,
 Provincial Police,
 Social Service Commission of Winnipeg,
 Soldiers' Settlement Board,
 Superintendent of Neglected Children,
 Winnipeg Board of Health,

and other social and relief agencies, and our thanks are due to these agencies, also to the school inspectors, and others, who have assisted the nursing staff in the performance of their duties.

PUBLIC SERVICE NURSING AT RED CROSS NURSING STATIONS

The following figures convey but a small idea of the scope and amount of work done by the public service nurses stationed at the Red Cross Nursing Stations in unorganized territory. Poverty and lack of medical assistance are the greatest problems which these nurses have to face. The Manitoba Red Cross Society, which finances this work, has given great assistance in meeting the needs of the people in these districts. In addition, some of the Women's Institutes, church organizations, and private individuals have generously rendered aid.

Total number of home visits made to patients	1,722
" patients treated at the nursing stations	1,302
Classification of patients cared for in their homes:	
Medical	1,246
Surgical	214
Obstetrical	159
Communicable disease	103
Total number of in-patients	35
" days spent by patients in nursing stations	176
" clinics held at nursing station	4
" patients attended at clinics	124

SPECIAL WORK DONE BY PUBLIC HEALTH NURSES

Inspected children before admission to Fresh Air Camp for—

	Children
Hebrew free school	70
All People's Mission	540
Number of swabs found to be positive, which were taken of children who were examined before going to fresh air camp	10
Number of cases referred for attention through main office	65

Many visits were made to patients in city hospitals who had been sent in by Public Health Nurses during the year.

A large quantity of clothing was collected by the nursing staff from social organizations and sent to needy families where relief agencies are not organized.

A considerable demand is made upon the department for information relating to maternal and child welfare, and, much correspondence has been conducted with public and private organizations, and individuals, concerning methods of work.

LITERATURE

The pamphlet "Our Baby", which has had a wide circulation during the last year, has been revised.

The amount of child welfare literature sent to mothers in Manitoba during 1921, 8,969 sets. Outside of Manitoba child welfare literature was sent on request—

To mothers in Saskatchewan	401
" Alberta	309
" British Columbia	6
" Nova Scotia	3
" Ontario	11
" Quebec	3
" United States	3

Other pamphlets prepared and revised during the year—

Health Chores.

Health Chores Record.

Symptoms of Illness in Children for Parents and Teachers.

In connection with work in Public Health Education a scenario was written and filmed, entitled, "Public Health Nursing in Manitoba." This film was made for the Extension Service of the Department of Agriculture and our thanks are due to this department for offering an invaluable means of showing the general public some of the work of the Public Health Nursing Department.

From December 12 to December 24, an extension course of two weeks was held by the University of Manitoba, for the members of the nursing staff.

The course helped to meet a long felt need, and was greatly appreciated by the staff. It is most earnestly hoped, in view of the lack of facilities for theoretical training in public health work, that the University of Manitoba may institute a public health nursing course in the near future, such as is established in other Canadian universities.

POLICY

The policy of this department is to organize public health nursing along general lines, instead of specializing in the various branches of public health work. This plan was formulated as being the most efficient and most economical.

The Provincial Board of Health has not organized as yet a special bureau to carry on maternal and child welfare work. This work is included in the routine duties of the Public Health Nurses' Department. With regard to the pre-natal clinics in connection with maternal welfare these clinics have not yet been established as such outside of Winnipeg. However pre-natal nursing is being done by the Public Health Nurses in connection with their work in the homes and at the Child Welfare Stations, and medical supervision is always advised, and obtained when possible.

Public Health Nurses are instructed in problems of maternal and child welfare by means of annual courses of lectures, and observation at clinics, etc., as well as by individual instruction from the nursing supervisors of the department. Such supervisors are responsible to the medical director for the carrying on and progress of this work.

Dr. M. Stuart Fraser, Corresponding Secretary of the Provincial Board of Health, is the Medical Director of the Nursing Service.

Miss Elizabeth Russell is Superintendent of Nurses. She graduated from the Winnipeg General Hospital in 1916 and was appointed to the Department of Public Health Nurses of the Provincial Board of Health (Manitoba) in February, 1917.

Miss Anna E. Wells, Assistant Superintendent of Nurses, graduated from the Toronto Free Hospital and Bellevue Allied Hospitals (New York) in 1913. Appointed to the Public Health Nursing Department of the Provincial Board of Health (Manitoba) in April, 1917.

Both the superintendent and the assistant superintendent have visited and made extensive inquiries as to methods of work in maternal and child welfare from the leading child welfare organizations in Canada and the United States.

Forty-three Public Health Nurses are employed and their duties in maternity and Child Welfare work are set forth in the following statement:

Instruction to mothers—in the homes and at Child Welfare Stations. As the Public Health Nurse becomes known in her field and wins the confidence of the mothers, the prospective mother becomes very ready and anxious for advice. The instruction given includes:—

- (1) Hygiene of pregnancy and early infancy.
- (2) Preparation for confinement.
- (3) Value of breast feeding, stressing its importance during at least the first six months.
- (4) Technique of nursing.
- (5) Technique of bath, sleep, clothing and ventilation, and general care of the baby with demonstration.
- (6) Preparation and technique of artificial feeding, when necessary.
- (7) Dietary essentials and selection of food for infants and older children.
- (8) Recognition of symptoms of disease and physical disability.

The names of babies whose births have been registered are obtained regularly from the registrar of the municipality, in order that each mother may receive child welfare literature and advice in child care.

ACTIVITIES

(a) *Public Service Nursing.*

- (1) Answer all emergency calls.
- (2) Answer all night calls when escort is provided.
- (3) Home to home bedside nursing.
- (4) Assist or take charge of obstetrical cases, as may be necessary.
- (5) First aid surgical dressings and treatment to patients at nurse's residence as may be deemed advisable.

(b) *Public Health Nursing.*

When there is no health officer.

- (1) Investigation of sources of all communicable diseases.
- (2) Take all throat cultures for release of diphtheria cases and carriers.
- (3) Assist in quarantine and supervision of communicable diseases.
- (4) Report to Superintendent of Public Health Nurses all cases of communicable diseases and unsanitary conditions.
- (5) To make sure from the Provincial Board of Health Laboratory of bacterial analyses.
- (6) Where no Public Health Nurse is appointed, all of the duties of a Public Health Nurse. When a Public Health Nurse is also working in the community, co-operation to be effected to obtain the most satisfactory results. Such co-operation is necessary to carry work in:—

- (a) Child welfare.
- (b) Prevention of communicable disease.
- (c) Health instruction in schools and community.

The area of the district which a Public Service Nurse may be expected to cover is from 15 to 20 miles from the nurse's residence.

(b) CHILD WELFARE WORK

- (1) In the homes by advice and demonstration to mothers, in care of children.
- (2) At meetings of mothers.
- (3) At Child Welfare Stations, which are equipped by the Provincial Board of Health.
- (4) By health exhibits and health conferences held in connection with summer fairs.

CHILD WELFARE STATIONS

There are eighteen Child Welfare Stations under the direction and supervision of the Public Health Nurses' Department.

OUTPOST HOMES

Cases are constantly being brought to our notice which indicate the dire need of nurses in outlying districts where there is no physician. To meet this need, a branch of Public Health Nursing has been organized, called Public Service Nursing. At the present time the Manitoba Division of the Canadian Red Cross Society are financing this work, the Provincial Board of Health assuming the entire control, appointment, and direction of the nursing staff. These nurses have the time to give help to the mothers and children in those remote places who so greatly require it, and who suffer many hardships as the result of the lack of such attention.

PUBLIC HEALTH NURSING IN MANITOBA—OUTSIDE OF THE CITY OF WINNIPEG

Medical Director.

Superintendent of Nurses.

Assistant Superintendent of Nurses.

Office Staff—Two clerks.

Forty-three Public Health Nurses.

(a) Pre-natal and post-natal.

(b) Infant welfare.

(c) Pre-school.

(d) School.

(e) Communicable disease, including tuberculosis.

(f) Nursing care given in homes—

to demonstrate.

in emergency.

in time of epidemic.

(g) Venereal disease nursing (two nurses in Winnipeg), organized 1920.

Clinical and social work—Staff nurses to follow up work outside of Winnipeg.

(h) Supervision of Maternity Homes, Boarding Homes for Children and Day Nurseries. Nurse as supervisor, staff nurses do follow up work outside of Winnipeg. In Winnipeg, the Winnipeg Bureau of Child Hygiene does follow up work. Organized in 1921.

Five Public Service Nurses (first organized in 1919).

(a) Nursing care to patients in homes and at the Nursing Stations.

(b) All of the duties of a Public Health Nurse.

To Discover—

- Symptoms of disease and physical defects.
- Unreported communicable disease.
- Unreported births.
- Malpractice in midwifery.
- Unsanitary conditions, especially detrimental to the welfare of mothers and children.

To Educate—

- Parents—by lectures, literature, exhibits and demonstrations in the home.
- Health instruction to school pupils—by class-room talks, Health Crusades, Little Mothers' Leagues, nutrition classes and first aid classes.
- Normal students—by lectures in public health work, home nursing and first aid.
- Municipal officers and welfare organizations—by lectures and exhibits.

To Correct—

- In co-operation with private and municipal organizations, physicians, hospital and dentists.

Organized in 1916

The province of Manitoba, outside the city of Winnipeg, for generalized public health nursing.

In Winnipeg, for specialized public health nursing in venereal disease nursing and in supervision of Maternity Homes and Boarding Homes for Children.

WINNIPEG

HEALTH DEPARTMENT

BUREAU OF CHILD HYGIENE

Annual Report, 1921

Abstract

Medical Health Officer: A. J. DOUGLAS, M.D.

Manager of the Bureau of Child Hygiene: A. G. LAWRENCE

From 1908 to 1912, the average infant mortality rate was 170 deaths per 1,000 live births, with a maximum rate of 207 in 1912. This high rate induced council to appoint two Child Welfare Nurses in May, 1913, and in 1914, to take over the operation of the milk dispensary inaugurated by the Ladies' Service League. A temporary building was occupied from April, 1914, to February, 1916, and the services were increased each year in all branches.

The present headquarters of the Bureau was opened in February, 1916. It is a two-story building erected for the purpose, at a cost of \$8,720, in the northern part of the city, adjacent to the Children's Hospital. The basement contains a milk dispensary for preparing modified feedings, and the first floor physicians' and nurses' offices and a large waiting room.

Nurses were added to the staff at intervals, and now number fourteen.

The infant mortality rate per 1,000 live births dropped steadily after the extension of the Child Welfare Services; 207 in 1912, 106 in 1915, 92 in 1918, and 78 in 1921.

The latter is the lowest yet recorded, and is 23 points below the 1920 rate of 101.

ORGANIZATION AND DUTIES

The work is confined principally to the supervision of infants under two years of age, but older children in families where there are babies, or those brought directly to the notice of the staff, are also dealt with whenever necessary.

The services may be divided into four sections:—

(1) *Babies' Clinic.*

No charge is made to citizens for this service, but those who are able to engage a private physician are not encouraged to attend.

Two part-time physicians, responsible to the Medical Health Officer, attend the clinic on alternate mornings to examine and prescribe for infants. A case card is prepared for each child attending, and an entry made of subsequent visits, the feedings prescribed, etc. A nurse is permanently on duty at the Bureau, and each of the other nurses attend in turn weekly, so as to keep in touch with this phase of the work. All case cards are available for inspection by the nurses, and the fact that a baby has been brought to the Clinic is entered in the nurses' district registers opposite the transcript of the birth registration.

(2) *Visiting Nurses.*

There are thirteen nurses, exclusive of the nurse at the Depot. Each nurse has charge of her own section, and is responsible to the manager of the Bureau, who in turn is responsible to the Medical Health Officer. An endeavour is made to visit every live birth in the northern half of the city, and as many as possible in the southern half, which contains the better residential districts. Particulars of the births registered with the city clerk are sent each day (divided according to district) to the nurses, who visit the homes and make a brief report regarding the baby and its home surroundings. Further calls are left to the discretion of the nurse, some infants being visited frequently and others only at long intervals, unless a sick call is received from the mother.

The nurses examine and weigh babies; refer sick cases to private physicians or the Bureau's Clinic; arrange hospitalization; refer cases to various welfare organizations; report communicable diseases and sanitary defects to the divisions concerned; give pre-natal advice; distribute literature; give illustrated lectures to mothers; teach mothers how to prepare modified feedings; give treatments (stomach lavage, etc.) to infants upon request of physicians; inspect infants' homes and day nurseries; and perform many other duties arising in the course of their home visits.

The inspection of school children is performed by the physicians, dentists and nurses of the school board, and maternity and general bedside nursing by private organizations.

(3) *Milk Dispensary.*

The staff consists of a dietitian, assistant, three helpers and a part-time caretaker.

Feedings are prepared only on physicians' prescriptions, charges being scaled according to the parent's ability to pay, the rate varying from 10 to 25 cents a day; but in the case of indigent patients no charge is made.

(4) *Statistics.*

Weekly and monthly reports of deaths are submitted to the nurses and infant mortality rates struck for each district. Also weekly and monthly charts of births and deaths and spot maps are used, so that each nurse is kept thoroughly conversant with conditions in her district, and its status is compared with previous years and with other districts.

THE CHILDREN'S HOSPITAL

Abstract

Next to the Bureau of Child Hygiene is the Children's Hospital group of buildings, consisting of the hospital itself, a laundry, and across a wide lawn, a home for the hospital nurses. In the hospital proper are 100 beds for little sufferers. No phase of modern hospital development has been neglected. There is an X-ray department; there are two large wards, a limited number of private wards, an observation ward, where little patients who show a rise in temperature with a possibility of developing more serious symptoms are isolated from other patients. There is a fine outdoor ward.

Not the least important of the "nurses" at the Children's Hospital is the school teacher, a regularly employed instructor, under the Winnipeg school board.

Besides the regular ward work, the hospital operates a special department for correcting defects of limbs or body, whether congenital or from accident. This department is one of the most interesting in the whole hospital system, for from it come so many joyous cures of physical defects. The department is maintained by Red Cross funds which were contributed, largely, for war purposes, but which through the decision of the Canadian society, have been diverted to peace time purposes in maintaining public health. Another department made possible by Red Cross money is the social service department, a department of vast importance not only for the service given at the moment by the visiting nurse, but also for the increased efficiency in regular hospital work made possible by the consistent "follow-up" method.

A group of women founded the hospital in 1909, when only one small building was used with two nurses as a staff. The property now comprises three buildings, valued at \$330,000, all absolutely free of debt, operated at a cost of \$100,000 a year.

—From a Winnipeg paper.

THE MINIMUM WAGE BOARD

Manitoba was the first province to establish a Minimum Wage Board. The Act, which was passed in 1918, was intended among other things to protect women in industry, and so has a certain bearing on child welfare. It is generally thought that the effect of the Act has been to improve child and maternal welfare.

DEPARTMENT OF THE PROVINCIAL TREASURER

Minister: Hon. F. M. BLACK

Deputy Minister: Mr. R. W. PEARSON

Secretary of the Mothers' Allowances Commission: Mr. A. P. PAGET

MOTHERS' ALLOWANCES

Manitoba was the first province to give Mothers' Allowances and also the first to have a Juvenile Employment Bureau. The Mothers' Allowance Act was assented to March 10, 1916.

Extracts from the Report of the Mothers' Allowances Commission are given below.

Since the period covered by such report, from December 1, 1921, until March 31, 1922, the commission expended \$162,415.78 and was assisting at that date 575 families.

The provisions of the Act authorize allowances to assist widows with two or more children under earning age or where the husband is an inmate of a hospital for mental diseases, subject however to residential qualifications of two years in the province at the time of death. The administration is carried out by an honorary commission of five members and an executive staff of seven.

Much emphasis is placed on the supervision of beneficiaries under the Act, which is exercised direct from the head office and through the agencies formed by the municipal councils, school authorities and public health nurses and in addition to these a large body of friendly visitors whose work is of considerable value.

Since the inception of the Act in June, 1916, a total of \$1,183,602.16 has been expended.

The exceptional increase from year to year has been justified by the abnormal conditions experienced. The great war, and the great influenza epidemic of 1918 and 1919 were the main contributing factors. In 1920-21, the tendency to lower prices of food and clothing have been largely off-set by increased rents, taxes and cost of fuel.

PRINCIPLE

The reiteration of the basic principle underlying our work would appear expedient until such time as the public and their representatives in our legislatures are thoroughly conversant with it and its universal approval and general adoption, e.g., apart from sentiment or benevolence the conservation of home life for the child is fundamental to our modern conception of community well-being. In lieu of which, formerly, where homes were deprived of the father's support, such homes were poverty-stricken and disbanded, children of tender age were also deprived of mother-love, training and care, through her absence from home or overwork in order to merely subsist, consequent sickness, disease, delinquency, premature old age and finally public or semi-public outdoor relief or institutional care. In other words; does it not *pay to prevent infant mortality, disease, juvenile delinquency and subsequent crime and promote sound bodies and healthy minds for true Canadian citizenship?*

PRESENT STATUS

Canada's acceptance of the "Mothers' Allowances" scheme has been rapid since Manitoba adopted it in 1916; until now five provinces have legislation in force (viz. Manitoba, 1916; Saskatchewan, 1917; Alberta, 1919; British Columbia and Ontario, 1920) and Nova Scotia has recently made, in accord with legislative enactment in 1919, a most careful survey and study of their own situation and that of other provinces and countries. The various methods of administration have been reviewed and the form used by Manitoba and Ontario has been recommended for adoption. Quebec is also reported as considering an appropriation for the same purpose. May it be assumed that if Manitoba's administration had not proved a success the other Canadian provinces would not have been so responsive in following her lead and that of forty of the states to the south, Denmark and New Zealand, all of which have legislation of a similar character, more or less adequate in meeting a family's need.

The Manitoba taxpayer is naturally concerned with his increasing assessment, but he can be assured that upwards of 550 widows and over 2,000 dependent children are costing less than 82c. per capita. The lowest estimate of the value to the community of one good average citizen is \$10,000—2,000 children under our supervision at the present time might well be termed a sound investment.

ALLOWANCES

Although Manitoba claims to grant the minimum normal standard of living, the average of \$69.42 per month per family obtained (averaging 3.5 children). It is not, however, attempted to cover the cost of medical care or supplies, hospital treatment or nursing, unemployment, household supplies, furnishings, etc. The hospitals, the medical and dental professions, both public and private nursing agencies, contribute willingly and largely to the well-being of our beneficiaries, and in many cases without remuneration of any kind.

The budget for family covers:—

	Per cent
Food and clothing	53
Rent	28
Fuel	10
Light, water, cleaning and recreation	4

Frequent visits are made to beneficiaries and adjustments made from time to time as changed conditions may warrant. In comparison with the federal pension granted to widows the allowance granted by Manitoba is 3 per cent under the federal pension for an average family of three children.

As the cost of living increases or decreases, the schedule is adjusted accordingly, but your commissioners have consistently upheld the policy originally adopted that the allowance granted must meet the family's need. If the amount allowed is insufficient,

the mother does not stay at home. She works as before, and the children are on the street, and have no better home than before the Act came into force; or, aid from more than one public or private relief agency would be resorted to. The discontinuance of the present policy would undermine the whole principle upon which the legislation is based. The other provinces and other countries uphold the same policy and Manitoba has continuously upheld this principle.

SUPERVISION

The experience of another year's administration has again demonstrated the need and value of continuous and careful study of the problems presented. Certain beneficiaries show incapacity to manage their own affairs, their lack of training in domestic duties, their ignorance of the Mothers' Allowances Act and its provisions with which their compliance is necessary, and the new adjustment of their own life and that of their children with changed conditions, the necessity for them to become self-supporting at earliest possible time, the physical and mentally handicapped child, bereavement, sickness and the other many complex circumstances that obtain in normal homes now aggravated by the absence of the father. All these our Official District Visitor has to meet, and, securing the mother's confidence, work out, with a view to working towards a state of independence. In addition, the Visitor has to thoroughly investigate housing conditions, the employment of children of earning age, the mother's employment when children are of school age, tabulate and review children's school reports; facilitate the treatment of physical defects in the family and possibly offset imaginary ailments. A task that calls for special training, patience and tact.

Municipal Advisory Committees have continued their valuable assistance in supervising beneficiaries under the Act and especially in the initial investigation and recommendation as to the applicants being fit and proper persons to be granted an allowance.

Any "pauperizing tendency" is a matter than can be corrected by proper administration and supervision; failure to supervise properly tends to pauperize the recipient of assistance besides not insuring the wisest expenditure of money granted.

AUXILIARIES

The Ladies' Auxiliaries have been heartily congratulated upon their work during the past year. Their aim is to secure the friendly co-operation of one of their members for each of the beneficiaries under the Mothers' Allowances Act in Winnipeg, St. James and St. Boniface. This effort alone in securing over 150 Friendly Visitors is most encouraging. Their service in visiting the mothers monthly or oftener, regularly, and reporting on such visit to the Commission, is of great value. It is also an assurance to your Government that the operation of the Act is being closely scrutinized by those from whom the taxes are collected. In addition there are upwards of eighty Friendly Visitors in as many municipalities who are rendering a valuable and gratuitous service.

Much unjust criticism has been offered regarding the untrained voluntary visitor, but our experience is that where the Friendly Visitor is willing to render service side by side in close co-operation with our District Visitor, some of the most helpful and constructive work has been attained, resulting in families becoming self-supporting earlier than would otherwise be the case.

Your commissioners recommend:—

- (a) An appropriation of \$353,000 for nine months ending August 31, 1922.
- (b) An appropriation of \$20,000 to assist families in need where the father's support is impossible through total physical disability.
- (c) That your Government initiate a proposal to other Provincial Governments having Mothers' Allowances legislation in force and those anticipating such legislation, for a joint conference of administrators and representatives of boards or commissions for the purpose of facilitating uniform legislation throughout the Dominion and to secure more satisfactory interprovincial agreement for the welfare of beneficiaries and possibly of economic benefit to the province concerned.

NEW BRUNSWICK

DEPARTMENT OF AGRICULTURE

Minister: Hon. D. W. MERSEREAU.

Deputy Minister: Mr. HARVEY MITCHELL.

Superintendent of Women's Institute Division: Miss ELIZABETH NUTTER.

WOMEN'S INSTITUTES

The Child Welfare Work accomplished by the Institutes is briefly as follows:—

From April 24 to April 30 a Provincial Health Week was inaugurated by the Minister of Health. During this time special health meetings, addressed by leaders in such work throughout Canada and the United States, were held in various centres of the Province at Moncton, St. John and Fredericton respectively.

Provincial Associations for the purpose of combating Venereal Diseases and Tuberculosis and promoting Child Welfare were organized. The Women's Institute Division of the Department of Agriculture had the privilege of co-operating locally and provincially with the Department of Health in this matter. Notices of the Health Meetings, proposed programmes for branch Institute Health Meetings and a Public Health Questionnaire were sent to each and every Institute throughout the Province. Reports showed that many branches held Health Meetings and many others sent representatives to the meetings held in the various centres.

In the summer of 1921 practical lectures and demonstrations on Child Welfare and First Aid were given at 42 centres throughout the Province under the auspices of the local Women's Institutes.

At the Women's Institute Convention in the fall of 1921 over 40 Institutes reported doing Child Welfare work principally in connection with their local schools. Each of these Institutes has received copies of Dr. Roberts' very excellent paper on "Adolescence".

SCHOOL FAIRS

The number of School Fairs has doubled since 1918. "Home Plots" have also doubled, and "School Gardens" are a great success.

JUVENILE COURTS

The Chief Justice, the Hon. Mr. McKeown, shows his interest in the work of Juvenile Courts by hearing the cases of delinquent girls, and the Police Magistrate of the city of St. John frequently has delinquent boys brought before him, but there are no Juvenile Courts, as such, in New Brunswick.

CHILDREN'S AID SOCIETIES

There are Children's Aid Societies in St. John, Fredericton and Moncton, aided by civic or municipal grants.

LEGISLATION

The Children's Protection Act, consolidated and amended in 1919.

DEPARTMENT OF EDUCATION

Chief Superintendent of Education: Dr. W. S. CARTER, M.A.

As respects health conditions, both of children and of school premises, see Medical School Inspection Regulations.

Strict provision is made for abating nuisances in connection with school premises.

School nurses also lecture to individual schools and tentatively examine from time to time.

Instruction in school health education, nutrition, etc., is given to children and teachers as above, and by Public Health Nurses.

Instruction in Public Health is given to student-teachers of Normal schools by the Chief Medical Officer, Dr. Melvin.

SPECIAL OR AUXILIARY CLASSES

No special or auxiliary classes have been formed.

PLAY AND RECREATION

Supervised playgrounds and play are provided (not under auspices of this Department) by several cities and towns of the province during holidays. At other times this phase of school management is carried on under supervision of the teachers. Reports are made to this office by Medical School examiners of the facilities for this purpose.

VOLUNTARY ASSOCIATIONS

Numerous voluntary associations are doing work for child welfare throughout the province, especially the Red Cross Society, Women's Institutes, Victorian Order of Nurses, and a large number of other societies whose names and activities are popularly known through newspaper publicity.

COMPULSORY SCHOOL ATTENDANCE

Compulsory school attendance is made optional with school districts and incorporated cities and towns, and, especially in the latter, has been largely adopted.

THE DEPARTMENT OF HEALTH

Minister of Health: Hon. Wm. F. ROBERTS, M.D.

Chief Medical Officer: GEO. G. MELVIN, M.D., D.P.H.

Director of Nurses: Miss HARRIETT T. MEIKLEJOHN

There is no bureau especially devoted to child welfare and maternal welfare, but this work forms an integral part of the general activities of this department, in common with the other interests usually associated with public health.

A Public Health Nursing Service has been started recently under a director with special training. This service pays special attention to matters of child and maternal welfare, as these terms are generally understood. Six nurses work in co-operation with the Provincial Red Cross and are employed in municipalities throughout the province. Duties: general public health work, school inspection, assistant to medical school inspector, infant welfare work, pre-natal and general public health. The number is soon to be increased.

Five Child Welfare centres are in operation, four in St. John and one in Moncton, in charge of the Victorian Order of Nurses. Four Infant Welfare clinics are established in other municipalities in the province under the direction of the Department of Health. In St. John such work is being concentrated in one Health Centre recently opened.

Nothing is being done for pre-natal care beyond what is done by private practitioners. Attempts to start pre-natal work and propaganda for same are being carried on by Public Health Nurses, but so far no clinic or definite work has been undertaken along these lines.

Nothing is yet being done to give medical and nursing aid to mothers in sparsely-settled and far-away districts.

Medical school inspectors report monthly and yearly in both urban and rural districts.

Grants have been made in various cities, such as St. John and Moncton, in aid of playgrounds.

MEDICAL INSPECTION OF SCHOOLS

Medical inspection of schools is carried on by the Department of Health, under the direction of George G. Melvin, M.D., D.P.H., Chief Medical Officer. About eleven school nurses are engaged under the immediate direction of the Superintendent of Nurses, Miss Meiklejohn. All schools in the province, whether urban or rural are examined. School lunches are provided in a few of the school districts.

SCHOOL HYGIENE

All student teachers have a course of instruction during the whole term at Normal School by the chief medical officer upon School Hygiene and other phases of public health. This course is obligatory and counts in examination for licenses.

Medical school inspectors report monthly and yearly in both urban and rural districts.

THE PUBLIC HEALTH ACT

The Public Health Act was passed in May, 1918, the Hon. Dr. Roberts having been made first Minister of Health in April, 1918. Under the Act the province has been divided into three districts, each under the charge of a district medical officer of health.

HEALTH CAMPAIGNS

Under the direction of the Minister of Health, "Health Campaigns" were carried on in the largest towns and cities of the province in 1921 and 1922.

RURAL CHILD WELFARE

The population of New Brunswick is about two-thirds rural, and the provision of medical inspection for all schools is an important means of carrying on child welfare work in the rural districts.

CHILD WELFARE EXHIBIT

A successful Child Welfare Exhibit was held in St. John in September, 1920, which much advanced public interest and knowledge of child welfare work.

CHILD WELFARE SUNDAY

At the request of the Hon. Dr. Roberts, Minister of Health, Child Welfare Sunday was observed in many of the churches in the city of St. John on the last Sunday of August, 1921. The minister hopes that Child Welfare Sunday will be an annual event.

**FOURTH ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER
TO THE MINISTER OF HEALTH, FOR THE YEAR ENDING
OCTOBER 31, 1921**

Abstract

MEDICAL SCHOOL INSPECTION

This report deals with the second year of this service. As remarked last year, no public health activity presents such difficulties nor perhaps involves so great a direct expenditure as does this. Yet that these difficulties must be overcome and the cost met is the demand everywhere in view of what is possible to accomplish, and the outstanding importance of that accomplishment.

In this province during the term under review a very considerable advance has been made as compared with the year before. It will be noted by reference to table II, that of the school children of New Brunswick, nearly 41,000 out of 50,232 enrolled, as compared with 22,145 and an enrollment of 35,386 for the last term of 1920, were examined. As the total enrollment of the province was some 65,000, and as the per cent of average attendance was about 66, it will be seen that practically all pupils present at school were examined.

With respect to the sanitary conditions attaching to the school premises, the reports upon which are not readily compilable, instructions from this office were sent to the District Medical Health Officers and the various sub-district secretaries to see to it that the unsanitary conditions mentioned were attended to by the trustees concerned.

Regarding the real end of this service, viz., the elimination of contagious disease in the schools and the correction of physical defects and deformities, I have reason to assume that the former has been very fairly carried out. Concerning the latter, not so much, I think, can be said. Very considerable has been done in this matter in St. John, and something in some other of the larger centres, but I quite agree with your own expressed opinion, that until definite and positive means be taken by this department, or under its direct auspices and supervision, to offer accessible relief free of charge, in these instances, a great proportion of these defects will remain uncared for. In cities and large towns clinics for this purpose present no great difficulties in establishment and continuous maintenance, but in the rural areas, distant from these centres, assistance, to be effective must be, in a sense, brought to the doors of those concerned by means of temporary and travelling clinics. Such clinics have been made possible by the generosity of the Red Cross, at your instance, and will be installed at the same time as the improved medical inspection service. The installation of Inspectors wholly devoted to the service, as is contemplated during the next school year, will, without the smallest doubt, tend to place it upon a better and more effective footing so far as concerns most of its essential points. This improvement of administration will derive almost incalculable advantage from the two years' experience of the service already obtained, not only in its having been made familiar to the public thereby, but in having demonstrated to the people the practical benefits possible to be derived from it.

Again, as during the year before, a public health section was maintained at the St. John Exhibition, and, considering that it necessarily lacked the novelty of the preceding year, was a pronounced success. Numerous notices, articles, addresses and news items concerning the service have been contributed to the press during the period under review, and late in the year, as already noted, a lady has been engaged, part of whose duty it will be to pursue publicity in every proper way. In October, the last month of the period under review, we began the issue from this office of a small monthly periodical, happily named "Prevention." Its present circulation is close to 2,500 copies, and it has been very favourably noticed by many outside health authorities as well as by others in receipt of it within the province.

REGULATIONS OF THE MINISTER OF HEALTH

(Medical Inspection of Schools, 1922)

ADDITIONAL REGULATIONS UNDER PUBLIC HEALTH ACT

MEDICAL INSPECTION OF SCHOOLS

173. The schools of the province shall be taken as constituting two classes, that is to say, urban and rural schools.

174. "Urban" schools shall be those situated in cities, towns and incorporated villages, and shall include consolidated schools, whether situated in urban localities or elsewhere.

175. "Rural" schools shall be taken to include all other schools not comprised within the class of urban schools.

176. For the purpose of medical inspection of schools, it shall be the duty of each sub-district Board of Health to divide its sub-health district into medical school inspection areas in such a manner, as far as may be, that each such area shall include but one class of schools—urban or rural.*

177. In each such area there shall be appointed, with the approval of the chief medical officer, by the sub-district Board of Health concerned, a medical inspector of schools, who shall be a legally qualified medical practitioner of the province, and who shall be paid a fixed yearly sum for his services by the said sub-district Board of Health, out of the funds of the board.†

178. Each such medical school inspector shall be subject to the immediate direction of the district medical health officer concerned, under the general supervision and control of the chief medical officer.

179. In the matter of rural schools, it shall be the duty of each medical school inspector to render a yearly report as soon as may be after the close of the first school term in each year to the chief medical officer, setting forth the number of schools and children examined, with the names of the respective teachers, the number and nature of the defects discovered, physical and mental, the number of children affected with communicable disease, the disposition of such cases of defects and disease, the results therefrom, and, generally, such other information as may be called for by schedule laid down by the Minister, and as may be deemed expedient to be obtained by the district medical health officer concerned.

In the matter of urban schools, like reports shall be submitted in like manner and under like conditions, each half-year, that is to say, upon the close of each school term.

180. Such reports shall be incorporated, in whole or in synopsis, by the chief medical officer, in his annual report to the Minister.

* Revised. Areas now delimited by Central Department.

† Revised. Medical School Inspectors are appointed and paid by Central Department. They are "full-time" officers.

181. Such medical school inspectors shall not be discharged from office, except for cause, and with the approval of the chief medical officer.

182. In the matter of rural schools, each medical school inspector shall make, in all such schools under his charge, a careful examination of all children attending such schools, at least annually. The findings of such examination, and such other information as is detailed in Regulation 179, shall be recorded upon forms prepared by the Minister and supplied through the office of the chief medical officer. Such forms shall be uniform for use throughout the province.

In the matter of urban schools, like examination shall be made semi-annually, that is to say at the beginning of each school term and not later than the first day of December and the first day of March in each school year. Like forms, obtained from like sources, shall be used in this connection as is laid down with respect of rural schools.

183. Such examination shall take cognizance of acute and especially of communicable disease, and also of chronic disease or constitutional defects or deformities which may be present in said children. Upon written request to the medical school examiner concerned, the parent or guardian of any child to be so examined may be present at such examination, and upon the receipt of such request, the medical examiner shall notify the said parent or guardian of the intended time and place of such examination.

184. In addition to such semi-annual inspection, urban schools shall be inspected at least monthly, or as much oftener wholly, or in case of individual pupils, as may be necessary, in consequence of requests to the medical school inspector or of the principals or teachers of said schools, or of request from other school authorities or upon the direction of the chief medical officer or of the district medical health officer concerned, or as emergencies may call for, in the opinion of the medical school inspector himself. The results of such inspection shall be recorded in the manner and way indicated in the form provided by the Minister.

In any instance, whether in a rural or urban school, if the teacher or principal has reason to suspect that any child in such school is affected with an acute communicable disease, such teacher or principal shall at once notify the medical school inspector concerned, who shall forthwith examine said child, and act in accordance with these regulations. If, however, the services of such medical school inspector be not immediately available, such child shall be at once excluded from school by said teacher or principal and shall not be re-admitted until provided with a medical certificate of freedom from contagion. In urban schools it shall be the duty of the medical school inspector concerned to at once examine such child at its house and to act accordingly.

185. No child affected with communicable disease shall be permitted to attend school until such disease be cured and the danger of contagion be eliminated as certified to by a regularly qualified medical practitioner, or, until such disease be placed under such treatment and safeguards as shall satisfy the medical school inspector concerned, that all practical danger of communicating the disease to others is abolished.

186. In every instance where a case of notifiable disease is discovered by a medical school inspector, or is suspected by the teacher or principal of a school, such instance shall be at once notified to the district medical health officer concerned, through the secretary of the sub-district Board of Health concerned. In every instance of a case of notifiable disease being reported to a sub-district Board of Health otherwise than in the foregoing way, such notification shall be at once transmitted, as respects urban schools, to the medical school inspector concerned, and, as respects rural schools, to the principal or teacher concerned, by the secretary of the sub-district Board, specifying the name and address of the family so concerned.

187. No child shall attend school from a family in which there exists acute communicable disease, or from a house containing a person or family affected with such

disease (unless in the latter case the person or family so affected has absolutely independent and self-contained entrances to such part of the house which he, or it, occupies) until such acute disease shall have disappeared from such person or family and the danger of contagion is past, as certified to by a regularly qualified medical practitioner. The foregoing proviso, with regard to separate entrances, shall not apply to cases of small-pox.

188. The foregoing regulations shall not apply to children who are immune from the following diseases by reason of a previous attack, that is to say: measles, whooping-cough, varicella or chicken-pox, parotitis or mumps, and rubella or German measles.

189. Typhoid or para-typhoid fever occurring in a family shall not be a cause of exclusion from school of those members of the family not so affected.

190. In the matter of chronic disease or physical defects or deformities of school children, discovered by the medical school inspector, which, in his opinion, are amenable of cure or of improvement, an order shall issue from him to the parents or guardian of children so affected, to place such children under appropriate and lawful treatment for said disease, defect or deformity, and such children shall be permitted to attend school only after they are certified to by a regularly qualified medical practitioner as either having been cured of said disease, defect or deformity, or as having been placed under appropriate treatment for the same, or that said disease, defect or deformity is not capable of cure or improvement, or that said disease, defect or deformity has been improved to the greatest practicable extent, or unless said practitioner shall certify that appropriate treatment shall be given within three months. In the event that said parents or guardians wilfully refuse or neglect to take such action as ordered by the said medical school inspector, and as is indicated in the foregoing, the said medical school inspector shall report such wilful refusal or neglect to the district medical health officer concerned, who shall at once proceed by law to enforce the penalty against said parents or guardian, as is laid down in the Public Health Act of 1918. In these instances, however, where the parent or guardian is not financially able to pay for such treatment, upon affidavit being made by said parent or guardian to that effect, to the district medical health officer concerned, and where free hospital treatment is not conveniently available, said treatment shall be done at the expense of the sub-district Board of Health concerned.

191. In the semi-annual and other medical inspections of school children, note shall be made by the medical school inspector of any child so affected by mental incapacity or insufficiency, not consequent upon curable or removable disease, defect or deformity, as to render such child incapable of making fairly normal progress in his studies. In cities, towns and other centres of considerable population, that is to say, where the number of children so affected in such community amounts to twelve or more, a separate school or schools, with specially and appropriately qualified teachers shall be provided by the school authorities for such children.

192. No child shall attend school without being at least once successfully vaccinated against small-pox, and to attain this it shall be the duty of each medical school inspector to vaccinate each school child free of charge in his medical school inspection area, not already so vaccinated, as shall apply to him for that purpose. For such purpose he shall be supplied, free of expense, with an adequate quantity of vaccine for small-pox from a reputable maker of such material by the sub-district Board of Health in whose sub-district his said area is situated, which vaccine shall be paid for out of the funds of the said sub-district Board. It is recommended that such vaccinations be mainly done during the mid-summer or mid-winter school holidays and that a stated place and time (a number of days or weeks as may be commensurate with the probable number of children to be vaccinated) be set apart for such vaccinations and publicly announced at the expense of the sub-district Board. Such successful vaccination, whether done by the medical school inspector or by some other qualified

medical practitioner shall be, in each case, certified to by the operating practitioner, at a date not earlier than one week from the time of the vaccination. Such certificate shall be held to be *prima facie* evidence of such successful vaccination by all school authorities of the province, and by all health officers duly appointed under the Public Health Act of 1918 and the regulations thereunder.

193. The foregoing regulations respecting acute communicable disease and notifiable disease and vaccination shall apply to all teachers and principals of schools as well as to children attending said schools.

DEPARTMENT OF HEALTH.

MEDICAL SCHOOL INSPECTION REPORT, 1920-21

Number of rooms	1,656
" pupils enrolled	50,232
" pupils examined	40,960
" pupils normal	18,325
" pupils not vaccinated	4,104
" anaemic	857
Nutrition—	
Bad	333
Fair	3,310
Good	17,982
Enlarged glands—	
Tonsils	5,210
Thyroid	25
Other glands	255
Number tuberculous	34
Defective breathing (nasal)—	
Adenoids	2,027
Other obstructions	42
Pediculosis	1,540
Scabies	179
Impetigo	285
Ringworm	43
Eye defects—	
Vision	993
Strabismus	111
Conjunctivitis	42
Blepharitis	130
Cardiac defect	64
Pulmonary defect	42
Spinal defect	66
Chest defect (anatomical)	15
Defect of extremities	162
" hearing	210
" speech	110
Mental defects (See Reg. 191)	182
Dental defects	8,305

ST. JOHN

ANNUAL REPORT OF DR. M. L. HANINGTON, MEDICAL INSPECTOR OF SCHOOLS FOR 1921-22

Abstract

There were but twenty-eight cases of diphtheria, and thirty-six of scarlet fever occurring amongst school children.

There were found needing notification 213 cases of defective sight, thirty-three of defective hearing, 550 cases of enlarged and diseased tonsils, 250 cases of markedly defective teeth, and 207 cases where there was a marked anaemia, associated in more than half the number with malnutrition of varying degree. To offset these figures, it can be stated that the percentage of those promptly attended to on notification runs as high as seventy per cent in some of the schools, and that even in poorer localities that per cent of action is obtained eventually by following up and rectifying the cases; while in the four years of the medical inspection service there has been a great lessening of the number of more serious conditions found in the schools

altogether. Increasingly the work, therefore, becomes preventive as well as curative. A great factor in this much-to-be-desired result is the continued and increasing interest of the parents, no less than 447 of whom were present this year for the examination of their child in Grade 2, and though some few present with a normal child were found to need little advice, the great majority much needed and were ready to profit by the advice and information given, this again reacting beneficially on the other children of the home, so that many are attended to before they come to school age.

Every effort should be made to increase the knowledge and sense of responsibility of parents if we are to conserve any standard of health or moral fibre for the race in this corner of the empire. Many children in St. John choose their bed hour absolutely, and their food very largely. I would like to see the "Curfew" in use for children here.

Of serious defects of sight, thirty-seven have been listed this term alone as unable to provide glasses. It seems regrettable that nothing has been done to make provision for these children, handicapped now in school life as also in many ways thereafter in older life.

In regard to the several score of children of defective mentality in our city schools, I am glad to note that under insistence from your board that of the school trustees has placed itself on record as about to establish special classes with special teaching for this type of case. This matter is urgent, as every year several of these untrained, unstable, easily-led boys and girls leave the schools from Grades 1 to 4, aged usually twelve to fifteen, to drift unmarked into the community, and there into the streams that drift them, almost inevitably, downward.

You will note that there were found about 600 children infected with vermin, but as a result of the intensive campaign instituted this term, when all repeated offenders were excluded till absolutely clean, a great improvement should be noted another year. It is evident that this effort to improve conditions should not be hindered by any lack of appreciation on the part of the teaching staff, as though at the moment it may interfere with attendance records, it is surely vital to maintain a high standard for our public schools, where all classes and types of the community should be able to attend without risk.

The school nurse has made necessary calls at the homes of some children, including fifty-six in the last ten days or so of the term to secure action during the vacation.

The kindergarten examination work has been carried on by the Victorian Order staff, and is a great source of help to the teachers and parents. Conditions have been good on the whole, very few exclusions necessary, and several chronic defects remedied on explanation to the parents.

NOVA SCOTIA

DEPARTMENT OF AGRICULTURE

Secretary for Agriculture: M. CUMMING, B.A., B.S.A., LL.D.

Superintendent of Women's Institutes: Miss HELEN J. MACDOUGALL.

SCHOOL FAIRS

In Nova Scotia about 500 schools hold school fairs, or send exhibits to large fairs. School Clubs are also flourishing. Both of these owe a great deal to the Women's Institutes.

WOMEN'S INSTITUTES

The Institutes have been active in carrying forward Child Welfare Work, and during the last year particularly a great deal of attention has been directed towards establishing and maintaining a hot lunch in rural schools. The department sent out a nutrition specialist who gave instruction and assistance in getting this work started. We have a Home and School Committee who are especially interested in all work which will improve school conditions, especially sanitary conditions, school equipment, and school libraries.

The department also put on a series of lectures on "The Food Value of Milk" and another series on "Child Health Through Food," which has resulted in a more intelligent interest being taken in the "Feeding of Children." Our Committee on Home Economics has been laying stress on this line of work and study and the Public Health Committee has also emphasized it.

The Committees assist the School Nurse, helping to provide equipment for her, and aiding her in her work by helping to establish Clinics, Baby Clinics, also Dental and Tuberculosis Clinics for School Children. They are also interested in assisting poor children and in making provision for Neglected and Delinquent children.

A movement is on foot now in the four western counties to establish a home for the orphan children who are at present housed in Poor Farms.

Very active assistance is given to the Children's Aid Society and to the Provincial Infants' Home.

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: Hon. O. T. DANIELS, K.C.

Superintendent of Neglected and Delinquent Children: Mr. ERNEST H. BLOIS

NEGLECTED AND DELINQUENT CHILDREN

Abstract

JUVENILE COURTS

There are two Juvenile Courts in the province of Nova Scotia, one having jurisdiction in the city of Halifax, presided over by Judge J. J. Hunt, K.C.; the other court is for the county of Pictou and the incorporated towns therein, presided over by County Court Judge Patterson.

The Superintendent of Neglected and Delinquent Children, is *ex-officio*, chief probation officer for the province. In addition to this the Children's Aid Society of New Glasgow has a probation officer for their court, and the Children's Aid Society of Halifax city has a full time probation officer for their court, and in addition the city truant officer and the two policewomen, attached to the city police force, are probation officers for the Juvenile Court of Halifax.

Dr. Eliza Brison is attached to the Department of Neglected and Delinquent Children and makes the mental tests for the Juvenile Courts. Any other medical assistance is obtained from the doctor in charge of the Detention Home under the Children's Aid Society.

LEGISLATION

The Children's Protection Act, consolidated, being Chapter 2, Act 1917, with amendments each year including 1922, together with the Juvenile Delinquents' Acts for the Juvenile Courts, constitute the laws regarding Neglected and Delinquent children in this province, together with Chapter 2, Acts 1917; Chapter 23, Acts 1918; Chapter 3, Acts 1919; Chapter 45, Acts 1920; Chapter 3, Acts 1921, and two chapters not yet published. Chapter 123, Revised Statutes, 1900, as amended by Chapter 49, Acts 1919, deals with the matter of dependent children.

The law regarding the adopting of children is Chapter 122, Revised Statutes, 1900, and amendments thereto, which are Chapter 47, Acts 1901, and Chapter 30, Acts 1921.

No legislation has been passed with regard to mothers' pensions or maternity benefit, but the Report of the Nova Scotia Royal Commission on this subject was published in 1921.

An Act for the protection of the children of unmarried parents has been twice before the legislature and been defeated. The present statute dealing with this matter is Chapter 51, Revised Statutes, 1900.

From the Report of the Superintendent of Neglected and Delinquent Children, 1921

REFORMATORY INSTITUTIONS

There are four reformatory institutions for children up to the age of sixteen years. The Maritime Home for Girls at Truro receives the Protestant girls and the Halifax Industrial School at Halifax, Protestant boys. The Monastery of the Good Shepherd at Halifax takes care of the Roman Catholic girls and St. Patrick's Home at Halifax, Roman Catholic boys.

The Monastery of the Good Shepherd also has a separate department for female prisoners over the age of sixteen years.

The two Protestant institutions are under the management of committees or boards of private citizens. The Roman Catholic institutions are managed by the Religious of the Good Shepherd and the Christian Brothers. All receive the same per capita grant towards the maintenance of committed children. The rate is for delinquent children \$100 per year from the Government and \$150 per year from the municipality where the child has a legal settlement. For neglected children the rate is \$2 per week from the Government and \$3 per week from the municipality where the child has a legal settlement.

Delinquent children are committed (1) by the Juvenile Courts, (2) by judge or magistrate under the Prisons' and Reformatories' Act as amended in 1921.

Neglected children are committed, when of an age and character requiring such institutional care: (1) by the Superintendent Neglected and Delinquent Children, (2) by Children's Aid Societies.

These four institutions are under government inspection, and the per capita grants are payable subject to conditions laid down by the Governor in Council.

The Maritime Home for Girls at Truro is a new institution, built on the cottage plan. There are three cottages at present in use. Two of them are built of brick and are as modern in design and equipment as could reasonably be expected. One building is of wood (the old farmhouse remodelled) but is very comfortable and home-like. There is in addition to these, a house for the farmer and his help.

The Monastery of the Good Shepherd has much the same story to report regarding feeble-minded girls. The following is from a report from the Religious of the Good Shepherd to the Superintendent at the close of the year:—

"In our reformatory, the intelligent girls appreciate the care and devotedness of their teachers, and their response to our efforts is a source of consolation to us. But we regret the presence of so great a number of defectives with the others. It hinders the progress of the work, and lowers the standard of the class. Had we the financial means to build an extension, we would properly classify these girls who cannot be expected to follow the rule and discipline of the others. We are not obliged to keep them, but do so, for charity's sake. If we turn them out, where will they go? When consulted on the subject, Mr. Blois who has so much at heart the welfare of these unfortunates, always answers, I do not know what to do with these girls, there is not another place except your Institution. After some years, a day comes when we have to give them their freedom, and in nearly every case the consequences have proved detrimental to society. Will the Government ever realize the urgency of providing a refuge for that class of humanity? Let us hope that sooner or later it will come."

The Halifax Industrial School and St. Patrick's Home are not in condition to do the work of reformatory institutions. Both are over-crowded, St. Patrick's Home more especially so. Proper classification and separation of the inmates is not possible at either place. The buildings are old, poorly arranged and not provided with proper facilities. Consequently it is practically impossible to keep them clean and free from vermin. They are both about as far from the modern idea of a reformatory institution as can be imagined. These conditions are recognized by the Superintendents who have repeatedly stated their desire for better accommodation.

What can be done in the matter? There are many things to be carefully considered, many of which would not occur to a person not thoroughly familiar with present conditions and also with what has been done elsewhere. Some of the more important matters to be taken into consideration are:—

- (1) Should these institutions be within the city of Halifax?
- (2) Should they be on farms? If so, where?
- (3) Should they be on the cottage plan (*i.e.*, a number of small homes for 15-25 boys and carefully graded) or congregate or barrack plan? (*i.e.* all in one large building).
- (4) Outside of the religious instruction, what educational training should be given?
- (5) Should the boys be entirely under men instructors, or should they receive part of the training from women?
- (6) Is it possible to discipline, train and keep boys from eight years of age up to twenty-one years in the same institution?—(whether cottage or congregate).

(NOTE: The Parliament of Canada has raised the age for committing to the institutions, from 16 to 18 years, which on a three years term would bring the age up to a possible 21 years, but has left it optional with the provinces to bring the law into effect).

- (7) What standards should be set for food, clothing, etc., and what standards of education, training, etc., should be required of the staff?

- (8) How should such institutions be financed? (a) in buildings, (b) in operation.
(9) Is proper and sufficient provision made for after-care and supervision of the boys (i.e. after leaving the institution)?

These are a few of what seem to us very important questions and as they directly most vitally effect the 220 inmates (or on an average of 100 boys per year) and in a less direct but nevertheless vital way the general public, the answers should be most carefully thought out.

So important do we consider this matter that we recommend to the legislature that an act be passed authorizing the appointment of a commission of not less than seven persons (one of whom should be a recognized authority on reformatories from without the province) to go carefully into the whole matter and report.

A comprehensive and reliable report from a commission of independent persons in whom the public have confidence would place these institutions and their very important work in a proper light before the public and would be of very great assistance to those who are striving to find ways and means of bringing these institutions up to reasonably modern standards.

The Superintendent's office and the Juvenile Court for the city of Halifax are in the same building, and all the clerical work, interviewing and probation work for the court is done by the Superintendent's office.

Our office is becoming a clearing house for all persons dealing with children requiring special attention. Private persons, the various charitable institutions and organizations practically all refer children's cases to this office.

The following very brief outline will give some idea of what the work being attempted is:

A very considerable number of people come to the office with the request, "I want to put my children in the home." This is indeed a daily occurrence. The request may come from a woman, but quite as often from a man. We then set to work to find out the reasons behind the request. They are many, including desertion by wife or husband; death of wife or husband; sickness of wife or husband; misconduct on the part of wife or husband; and occasionally just the desire to put the responsibility on some one else. Fully 90 per cent of these cases are satisfactorily arranged without taking the children and placing the expense on the public. Very often differences between husband and wife are straightened out, relatives or friends are hunted up to help them out, neglectful parents are shown their duty.

Our advice and assistance is very often sought by the parents of a child, who is causing them trouble and anxiety. Perhaps it is a boy who runs away and stays out all night, or who is associating with bad companions, or perhaps it is a girl who is causing her parents anxiety because she is keeping late hours or even has left home. Such cases require a great deal of time and consideration. Some can be satisfactorily adjusted. Others for various reasons there seems to be no way of helping.

Very frequently we are appealed to by a parent who wishes to make temporary arrangements for the care of one or two children. In this case, the parent is willing to pay something, very often is quite willing to pay the entire cost of keeping the children if only some suitable accommodation can be found.

A considerable number of cases are reported where conditions for the child are far from satisfactory. The parents or guardians are interviewed, suggestions are offered and if not followed the consequences explained to the offending persons. In this way this office and the Children's Aid Societies are doing very effective work.

The value of the work of the Superintendent's office and of the Children's Aid Societies must not be judged by the number of children taken under the Act. The most valuable services rendered are not measured by numbers nor can they be set down in the form of statistics. For example: One Children's Aid Society sent a crippled boy to the hospital at a cost of \$11 per week. Another society took a child who has lost one limb, provided her with an artificial one and had her placed where

she would be properly educated. Another society fitted out the children of several families with boots and clothes in order that they might attend school. In yet another case a society gave a man a grant of \$10 per week until he could secure employment in order that he might keep his children with him. These are but a few from many similar cases. The members of the executive of the societies devote much time to straightening out family quarrels in order that the children may not be deprived of their home or become a charge upon the community. Members of the executive have also been instrumental in having adults prosecuted, who were contributing to the children's neglect or delinquency, while in other cases the members of the executive have done much to help boys who have been guilty of some offence, to regain their standing in the community.

We gratefully acknowledge the assistance and co-operation of the charitable societies and institutions. Without this co-operation this work could not succeed. The two police women of the city of Halifax, Mrs. Egan and Mrs. Virtue, have done valuable work both for the Juvenile Court and for the Children's Aid Society of Halifax.

Mrs. Egan's services, in cases of domestic trouble and where young girls and women are involved, are invaluable to the Superintendent and Children's Aid Society and to public officials generally. The people of this province do not seem to realize what a valuable public servant Mrs. Egan has been. Some suitable recognition of these really invaluable services should be made before it is too late to do anything except eulogize the virtues of the departed.

FOSTER HOMES AND CHILD PLACING

We wish to emphasize what we have stated in several former reports, that there is a considerable number of children committed to our care, who cannot be placed in foster homes because of their low mentality or diseased physical condition, or both.

It is very difficult to take care of such children. In some instances the regular institutions cannot provide for them and we must find private boarding homes. This costs considerably more than the statutory amount for maintenance. There are not a few of these children who should never be placed out. As the number increases from year to year, the cost of maintenance to the province and municipalities must also necessarily increase. In this connection it is well to consider the comparatively small amount paid by the public for such purposes.

Too great care cannot be observed in placing children in foster homes. Frequent visiting is essential in some cases, while in others it would lead to distrust and tend to prevent the child from becoming "one of the family." It is sometimes hard to decide on the merits of a particular home, but generally speaking one can tell from the second or third visit whether or not we have placed the right child in the right home. The greatest difficulty is in the finding suitable homes for children from 14 to 16 years of age, whose parents are living. These children may have a good record in some institution and may even express great willingness to go out to a new home, but life at the institution is so different from life in the family, and because the old habits have not been forgotten but merely disused, these older children do not fit into the home life as do the younger ones. To-day the boys and girls from 14 upwards consider themselves as "grown-up" and demand wages, and in most cases are not satisfied unless they receive the wages which an ordinary adult receives. Then, the parents are almost sure to find out where the child is and urge it to leave and return to its old home.

Unfortunately in some instances, foster parents expect too much from these older children. It is not a child to bring up as their own, but a cheap servant that they are looking for. We have been most careful in our investigations in selecting foster homes and we believe we have been reasonably successful. Many of our children placed in foster homes have done well. It is really astonishing to see the marked

improvement physically, mentally and morally in these children. Our visitors' reports have been this year very encouraging indeed. In very few cases have there been any serious complaints. It is true that not all of the children turn out well, but the percentage is remarkably high.

Each year the amount of work involved in visiting the children in foster homes grows greater. First, because the number is rapidly increasing; and second, the foster parents and children look to us to decide very many problems arising from changes of circumstances and the growing up of the children. In some instances when the children reach a certain age they wish to go to work for themselves; occasionally the foster parent dies and a change becomes necessary, in which cases we are consulted as to the best course to be taken.

INSTITUTIONS CARING FOR CHILDREN

There are many children who, for one cause or another, cannot, with justice to society, be placed in foster homes without a considerable period of medical treatment. Others there are who should never be placed out, while some are so lacking in training that few respectable private homes would care to take them in. Again, there are the half-orphans, or those of parents who for one reason or another must board the children for a short time. The various homes provide the requisite care at very little expense. Many a poor person, who loves a child quite as well as the more wealthy, can board a boy or girl for a nominal sum in this way to tide over some difficulty, who if they had to depend on private boarding homes would find the cost prohibitive.

In Nova Scotia children are not kept for any great length of time in orphanages or children's institutions of any kind. The managers of these institutions are quite eager to place the children out, when the right homes are available. There is another matter which those who sometimes criticize these institutions should bear in mind: they are all comparatively small, and provide ample space and opportunity for outdoor play and exercise.

The Daughters of the Empire still maintain their home for a few feeble-minded girls, from the city of Halifax. This is a model institution of its kind and does good work under the direction of Dr. Eliza Brison. The home accommodates ten inmates, and "the girls range in age from 6 to 22 years, with mental ages of from 3 to 8 years. The home is for Halifax and Dartmouth children only, but applications are continually coming from all over Nova Scotia, showing very clearly the great need for an institution where the mentally defective may be trained and protected, where abilities are developed and where evil tendencies are watched for and repressed."

CHILDREN ON POOR FARMS, COUNTY HOMES, ETC.

It is altogether a thing to be deplored that this province still permits a few children to be kept in such institutions. The Superintendent of Neglected and Delinquent Children is charged with the duty of visiting such children but is not given the authority to have them removed. In a few cases we were successful in persuading the local authorities to pass the children over to us and we found homes for them.

REPORT OF THE JUDGE OF THE JUVENILE COURT OF THE CITY OF HALIFAX

We seek in each case to investigate the causes of delinquency and remove them if possible. The court is instituted for the child's protection and for the prevention of parental neglect, these objects we try to carry out as far as possible. Many have wrong ideas of the objects of Juvenile Courts. The Juvenile Court they think is

only a vehicle of punishment, a place where children are torn from their parents and homes and where mother's hearts are broken. The court will and does punish, when punishment is the best resource, but its aim and object is not to investigate for the purpose of punishment, but to deal with the child intelligently in regard to his future interest. Our aim is to make the delinquents into good and decent citizens to the end that they may enjoy their birthright and that our homes may enjoy the result of good citizenship. Punishment by itself brings about no lasting good. The object of the court is to protect and save; its work is constructive, not destructive.

There are two chief causes for delinquency in children; one is environment which includes poor, bad and neglected homes. In such places and under such conditions children grow up poisoned with corrupting influences, but while they amid such influences grow from bad to worse, yet, they are not hopeless. Bring to bear upon them the influences of Christian lives, get them in touch with religious workers and institutions, then, as long as the power of choice remains, it may be exercised in the right direction. The influence of such good institutions as Boy Scouts and those of like nature cannot be estimated. It would greatly help if we could have the Curfew Bell back again as no girl or boy under a certain age should be allowed on the public street after a certain hour in the evening. The lure of the street is often, I know, more attractive than the home, nevertheless, the risks of the dangers met in the street are too great. Home, let it be ever so humble, would as a rule be safer than the street. The second cause of delinquency I have mentioned is mental deficiency or it might be called feeble-mindedness. Such cases deserve special treatment, and I believe the need is now recognized and measures are being taken as far as possible to meet the difficulties.

I might mention another cause of delinquency, namely, the ignorance of many parents as to how to train and bring up their children--they need instruction. How to convey this may be difficult, but some solution must be found.

The world is facing to-day gigantic problems and not a few of these concern the care and protection of our growing population, these will soon be men and women of our future and the destinies of our land will be in their hands.

A mother's heart is the first and best school room; in that school there are no holidays, in it there is no morning or evening, for there the sun never sets, it never passes mid-day, may it never be said of our mothers that they were made keepers of the vineyard, and their own vineyard have they not kept.

I trust that before long some attention may be given to the care of illegitimate children. At present the father's responsibility consists of a small fine, from which the mother may get very little benefit and in any case it is too small to be of much value.

We have in the city two institutions to which we commit delinquent boys. These institutions would, I think accomplish their purpose much better if removed into the country, where the young lads could not only earn something to help pay for their support, but also learn a trade, useful to them in after life. I believe sooner or later this will be accomplished.

There are hundreds of young children whose lives are wrecked by bad and immoral homes, homes where husband and wife disagree and where there is no exhibition of love and no peace. These children are to be pitied.

Before closing I would like to allude to the necessity of a Juvenile Library in our city. Our boys do not get, in many cases, books at home, and the want of good reading matter leads them to occupy their spare time with matters of no importance. Could not something be done to supply this need?

EDUCATION DEPARTMENT

Superintendent: Dr. A. H. MACKAY, B.A., F.R.S.C.

Abstract

The following is substantially taken from the last Annual Report of the Superintendent of Education, who is practically the Deputy Minister of Education for the province. While the Premier is the Minister specially representing the Education Department in the Legislature, each member of the Executive Council is also responsible; for the Council of Public Instruction consists of all the Ministers, and the Superintendent of Education is its secretary. The Superintendent is to this extent the deputy of all the members of the executive in matters pertaining to education.

The policy of the Department of Education is to associate the Provincial Department of Health as far as practicable and whenever and wherever possible, in the visitation of schools, and in the utilization of schools for general health propaganda. Reports of visitations are made to the Superintendent of Education, who transmits them to inspectors and others whose administrations they may respectively concern.

The Provincial Premier and President of the Council of Public Instruction is Hon. George H. Murray, Provincial Secretary; and the Provincial Medical Health Officer, head of the Department of Health, is Dr. W. H. Hattie.

MEDICAL INSPECTION OF SCHOOLS

While school medical inspection is to a great extent under the general direction of the Department of the Public Health in the cities and many of the larger towns, school nurses are employed under the education authorities for the purpose of inspection or health education. In some cases these nurses are connected with the Victorian Order of Nurses. In others, other arrangements exist.

SCHOOL HYGIENE

The practical efforts undertaken by the Education Department consist of instructions contained in the Manual of School Law, the official publications of the Department of Health, instructions to the teachers and school trustees; the active interest taken by the various school inspectors, and the co-operation of all these with the organizations actively doing health work in the schools.

SCHOOL HEALTH EDUCATION

Suitable health text-books are prescribed. Health talks, tooth-brush drills, etc., are undertaken by the various nurses. Increasing attention is being paid to efforts at securing the removal of defects, as the mere fact of their presence in the school population is by no means the object of the survey or inspection.

SPECIAL OR AUXILIARY CLASSES

These are being undertaken in some places, as for example, the city of Halifax.

VOLUNTARY ASSOCIATIONS

There is no official provincial organization for encouraging child welfare work. The Provincial Department of the Public Health, the Red Cross, the Imperial Order of the Daughters of the Empire, Victorian Order of Nurses and Women's Institutes have given many evidences of their hearty interest in this connection. So far as the city of Halifax and the town of Dartmouth are concerned, the Massachusetts-Halifax Health Commission is doing much work along this line.

MEDICAL AND DENTAL INSPECTION OF SCHOOLS

There is at least one examination by the school nurse during each year of the school life of a child up to the time of entrance into High School. All data is entered in the nurse's record and the children found physically deficient are entitled to medical treatment and later to follow-up care.

There is an opportunity for the development of public health in connection with the schools which cannot be had otherwise. In the city of Halifax there is a splendid demonstration of this in the arrangement made with the Dental College of Dalhousie University. To impress on the other urban centres the importance of attempting similar arrangements, so far as the facilities of the dental surgery of the locality may allow, and to emphasize even in rural communities, the possibility of providing dental inspection for all pupils, we present some views of the Halifax Dental Clinic at work. The advantage of so complete a system puts this city far ahead of any other part of the province in bringing up a healthy generation of men and women, although a city has some conditions not so favourable as the country. The lack of careful consideration on the part of parents in rural regions often more than offsets their possible health developing influences.

PUBLIC SCHOOL CLINIC OF THE FACULTY OF DENTISTRY (FORREST BUILDING) DALHOUSIE UNIVERSITY

Ever since the establishment of the Faculty of Dentistry in Dalhousie University, a large number of children have been cared for each year. Arrangements have been in force for several years with the Industrial School, St. Patrick's Home, the School for the Deaf and the School for the Blind, whereby the teeth of the children in these institutions might be cared for by the students. As the student body has increased year by year more has been accomplished. For three years the Board of School Commissioners of the city of Halifax has had a definite arrangement whereby a certain number of children selected by the school nurses might receive free treatment. During the past year this service has been increased and a school nurse is assigned to the Dental Clinic in turn each day of the week.

For the first three months of the present college session 276 new public school patients have been made dentally fit and given instructions in the care of the teeth, and the use of the tooth brush, and the beneficial results that will accrue. This includes 1,723 separate operations. This will mean that about 700 pupils will receive proper treatment during the session. These figures do not include the work done for pupils from the other institutions named above, nor for the adult population. Only third and fourth year students are allowed to operate, and then under the strictest supervision of the demonstrators. It is safe to say that better preventive dentistry could not be done anywhere.

It was a great inspiration as well as a surprise when the public school inspectors of the province recently visited Dalhousie Dental Clinic, and saw thirty young men dressed in immaculate linen coats, standing by thirty dental units of the finest quality giving their very best service under the supervision of highly qualified demonstrators, to the children of the city, who cannot afford private dental service. An X-ray service is also given to all who need such attention.

We note that there are young ladies qualifying themselves for the dental degree and operating with as much efficiency as the men. Dentistry of to-day should be one of the most attractive professions for a young woman.

This splendid work has resulted in much improved health, and greater efficiency in the schools of Halifax city.

To see the children treated last year returning in large numbers with clean teeth and healthy mouths, and with the bloom of health on their cheeks, is a sight philanthropists have longed to see.

This evolution is specially due to one man, the late Dr. Frank Woodbury, Dean of the Faculty of Dentistry, in the Forrest Building of the University of Dalhousie. He was the real founder of the institution as well as of the clinic. His unexpected demise on the 5th of February was a national loss.

THE PUBLIC HEALTH DEPARTMENT

The Public Health Department has come with both vigour and tact to the aid of the public schools of the province, where it finds opportunities for the most effective and extensive influence on public health. For all pass through the public schools in orderly procession, under the eyes of the teachers and of the officials interested in their work. There is here an opportunity to detect the strong and the weak elements in every child, both mental and physical. Thus much energy and expense are saved, and every opportunity given without loss of time or serious increase of cost, to help every case needing mental, moral, medical or surgical aid. The educational officers, from the school trustees and teachers to the inspectors, have great satisfaction in this affiliation, which we feel also offers great opportunities to the Health Department to do effective work without overlooking any one who can be helped. I am therefore quoting portions of the health reports for the general information of the public.

"The nurses have met with an exceedingly favourable reception, and their work is receiving general approval. They are devoting themselves more particularly to the schools, where they carry out such part of the physical examination of the pupils as may properly be undertaken by nurses. This phase of their work has, as far as possible, been followed up and completed by Drs. Jost and Chisholm. Any defects which are found are reported to the parents, and the number of such defects which have already been remedied is most gratifying. In the schools the nurses also give health talks and tooth brush drills."

"With the co-operation of the Superintendent of Education, a card has been prepared which provides for a record of a pupil's progress in school work and also of his physical condition during the years spent in all but the high school grades. This card follows the pupil from grade to grade and from school to school. It is being used in all the schools visited by the public health nurses associated with this department, and also in the schools of Amherst, Canso, Dartmouth, Halifax, New Glasgow, Sydney and Truro, where the physical examination of school children is being carried on by the local educational authorities. From these cards a compilation of the statistical data relative to the health work being done in the schools has been made."

"It will be seen by reference to this table that our nurses have accomplished a great deal of work. Although none of them have been in the field for a full year and several have been engaged for much shorter periods (the average having been seven and a half months) they have examined nearly 31,700 school children. In addition they have visited 2,700 homes in connection with child welfare or tuberculosis activities, and have freely co-operated in the health work of the Red Cross, the Women's Institutes and other organizations."

"In communities where work in the schools is being carried on independently of this department, we are glad to attest to the excellence of the work which has been accomplished. The returns from these communities show that a more or less complete examination has been made of 12,324 school children. The total number of children examined by public health nurses and school nurses amounts to more than 41,000, which represents approximately forty per cent of the school population."

"The splendid spirit manifested by the Public Health Nurses is deserving of the warmest commendation. The earnest way in which they have fulfilled their duties, undeterred by bad weather, bad roads or other inconveniences has been the subject of frequent favourable comment, and it is not too much to say that they have won the sympathy, admiration and gratitude of the people generally in the

various areas to which they minister. The number of children in which they discovered defects, approximately sixty per cent of those examined, is sufficient proof of the need for the work which they are carrying on."

"The Nova Scotia Division of the Canadian Red Cross Society has undertaken to maintain a nurse in each county for a year, in order that the value of her services may be demonstrated. This is but one of the ways in which the Red Cross has given splendid impetus to our health programme. The municipality of Halifax County is supporting a nurse in addition to the one provided by the Red Cross. When the period of Red Cross support expires, the maintenance of the nurses will become a joint charge upon municipalities and towns in accordance with the provisions of the Public Health Act in this behalf."

"MEDICAL AND SANITARY INSPECTION OF SCHOOLS"

"The medical and sanitary inspections of schools begun in 1920 has been continued and considerable progress has been made. In all 204 schools have been visited by Drs. Jost and Chisholm, records made of the sanitary condition of the school houses and out dwellings, and in addition attention given to the physical condition of the school children. Public health nurses had been at work in most of the counties visited, and the results of their efforts are strikingly visible when comparison is made with those counties in which public health nurses have not yet taken up their duties. In the former the nurses have been ably seconded in their efforts by the school inspectors and improvements are noted in the matter of cleanliness of the school rooms and the outbuildings, modest attempts at interior decorations, the doing away with the old-fashioned water bucket and the common tin pint, and the substitution of covered water containers with faucet or spout, the introduction of individual drinking cups in the schools, and, in a few instances, the installation of bubbling fountains in the urban schools. As yet only a small percentage of the schools are thus supplied but the beginning made augurs well for continued and future improvements."

"In some counties at least 12 per cent of the schools have adopted sanitary containers for the drinking water, and 50 per cent of the pupils are supplied with individual drinking cups. At least 90 per cent of the pupils have been vaccinated, but still too large a proportion of the people in a few localities take advantage of the provision made in the law for "conscientious objectors." This latter state of affairs is leaving the community open to serious risks in case of an epidemic of smallpox, as "conscientious" objections will be of no avail in such an event."

"It is quite evident from the inspections made that interest has been aroused in the matter of the public health, both in the teachers and the pupils. This is particularly noticeable in the case of those children whose defects had been brought to the attention of the parents or guardians, and who as a result have had their defects treated and corrected. Such children evidence in their manner that they appreciated that something had been done for them, and they were interested in and anxious to learn further health lessons. The teachers generally expressed themselves as being grateful for the help afforded them in the teaching of health lessons and the interest aroused in the school children."

"Considerable attention has been given this year to the physical examination of the school children, and fairly generally the following percentage of defectives exists among school-going children: dental caries 56 per cent, defective vision 10 per cent, diseased or enlarged tonsils 28 per cent, scalp and skin diseases 5 per cent, enlarged glands 2 per cent, defective nutrition 7 per cent, defective hearing 1 per cent, and deformities .7 per cent. It is also reported that on an average one-quarter of the defects brought to the attention of the parents have been treated and corrected, and that as a result of this attention the general condition of these children has been improved so that they are enabled to derive greater benefit from their attendance at school."

"It cannot be reported, however, that very much change has been effected in the general sanitary hygienic conditions of the school houses and toilets as described in the previous year's report. What improvement has been noted is due mainly to the individual efforts of the public health nurses and the teachers in endeavouring to make the most of the situation as it exists. Scarcely any of the rural schools and only a small proportion of the urban schools are so constructed or so arranged as to meet the requirements of modern hygienic laws. In too large a percentage there still exist to a greater or lesser degree the unhygienic conditions to which attention was called in last year's report."

"The absence of proper janitor service in the larger schools is still evidenced by the lack of attention to proper heating and ventilation of the school buildings and the general lack of cleanliness of the toilets, while in the rural schools these matters are pretty generally left to the initiative of the teachers and the children themselves. The condition of the toilets in much the larger proportion of rural schools is very unhygienic. In scarcely a single instance has there been any attempt to make these contrivances fly proof, and during the fly breeding season the schools are pestered with flies which besides being unhygienic interferes seriously with effective teaching."

"It is respectfully submitted that the earliest possible attention should be given to the construction of sanitary toilets for all schools throughout the province, that each school not connected with a public water service be supplied with its own well and the water piped to the school rooms for drinking and ablution purposes, and that the unhygienic water pail and the common drinking cup be done away with. It is also urged that the present school buildings, whenever it is impracticable to erect new ones, be made over so as to meet the minimum standards of hygienic requirements for modern school buildings. This can be done by the construction of dry foundations, putting the floors in good repair, doubling the number of windows on the left side of the school rooms, arranging the seating of the pupils so that they do not face the light, supplying properly jacketed stoves in place of the box stoves now commonly used in nearly all schools, and the application of intelligent attention to the operation of hot air furnaces where they exist to ensure that sufficient pure air is supplied to the school rooms."

"RELATIONSHIP TO FEDERAL DEPARTMENT OF HEALTH"

"The correlation of the various provincial Departments of Health with the federal department is effected mainly through the Dominion Council of Health, which includes in its membership the chief health officers of all the provinces. This council meets twice yearly at Ottawa and affords an opportunity for the discussion of problems which mutually concern the Dominion and the several provinces. As an instance of co-operation between the national and provincial organizations, the arrangement by which the anti-venereal disease programme is supported to the extent of one-half its cost by the federal authorities may be cited. The federal department has been of much assistance to provincial departments, also, by generous contributions of public health literature.

"The Federal Health Department has taken over from other federal departments several functions which have a distinct application to the public health, such as maritime quarantine, the medical inspection of immigrants, the inspection of goods, and the administration of the opium and drug Acts. The desirability of centralizing such activities is very obvious, and the work being done along these lines is of such importance to the several provinces."

"Very harmonious relations have been maintained between federal and provincial departments, and the desire has been manifest that the departments should be mutually helpful."

"COURSE IN PUBLIC HEALTH NURSING"

"The course in public health nursing inaugurated at Dalhousie University in 1919 was repeated last session, with a class numbering eleven in attendance. This course involves a period of somewhat more than six months of rather intensive training, and is open to graduates of recognized training schools for nurses who are able to meet the university requirements in respect of preliminary education. The curriculum provides for appropriate instruction in the particular features of public health nursing and in social and other special problems which are likely to confront the public health nurse in the discharge of her duties. The scholarships offered by the Red Cross Society have proved an important factor in inducing graduate nurses to take up this comparatively new phase of nursing, and the action of the University authorities in establishing the course has made it possible for us to secure most of the nurses now in the field."

"As all those who are engaged in the teaching in connection with this course are giving their services gratuitously, we feel that this department is under obligation to each of them for very practical assistance in a work which is of intimate concern in determining the success of our programme. Naturally the different members of our staff are taking a considerable share in this teaching."

"CO-OPERATION WITH OTHER AGENCIES"

"It is the wish of this Department of Health to cordially co-operate, as far as practicable, with all other agencies which are engaged in work which bears upon the public health. In this particular we have been privileged to loan lantern slides for use in various localities where courses of lectures on public betterment have been arranged, and on some such occasions members of our staff have given addresses. We have also been able to render assistance to the Red Cross Society in connection with both its educational programme and its membership campaign. The public health nurses, more particularly, have on numerous occasions addressed Women's Institutes on health matters, and several of the Institutes have been supplied from time to time with our pamphlets on various subjects. Short courses of lectures on health have been given by members of the staff to those attending the Rural Science Training School at Truro and the Teachers' Institute at Antigonish. Members of the staff have also contributed to the lecture courses in hygiene and public health nursing at Dalhousie University."

"We are greatly indebted to the Superintendent of Education, to the various inspectors, and to a large number of school teachers, for very courteous and hearty support of the health work which is being carried on in the schools."

"NOTABLE LOCAL ACTIVITIES"

"A number of activities which are being carried on locally, and quite independently of this department, are of such importance as to merit a reference in this report. One of these is the Well Baby Clinic at New Glasgow which is doing splendid work. The school dental clinics of Halifax, New Glasgow and Sydney are also deserving of commendatory notice. In Dartmouth and Halifax unusually well equipped and competently staffed health centres are being maintained by the Massachusetts-Halifax Health Commission, where the value of health work of an advanced type is being demonstrated on an extensive scale. The Massachusetts-Halifax Health centres in the charge of Dr. Royer are leading the way to the most effective public health protection system in existence, and are extremely interesting demonstrations of what can be done."

"The City Health Board of Halifax has taken a very progressive step in appointing a well qualified veterinarian as milk inspector. This official has entered upon his duties with energy and enthusiasm, and it may be confidently

expected that his efforts will result in great betterment of the milk supply of the city and in material reduction of its infant mortality rate."

"The Provincial Division of the Red Cross Society has arranged for attractive health exhibits at several of the County Exhibitions. The public health nurses have assisted in connection with this enterprise. On many occasions, also, educational lectures have been given by Red Cross representatives in various localities, which have usually been illustrated by motion pictures. In this way much has been done to stimulate our people to give greater attention to the sanitary conditions of their homes and to the rules of personal hygiene."—*From the Report of the Department of Health.*

DEPARTMENT OF THE PUBLIC HEALTH

Minister: Hon. G. H. MURRAY

Chief Provincial Officer of Health: W. H. HATTIE, M.D.

Superintendent of Nursing Service: Miss M. E. MACKENZIE

CHILD WELFARE BUREAU

There is no official bureau of child welfare or maternal welfare in connection with this Department. The various philanthropic organizations such as the Provincial Red Cross Society, the Imperial Order of the Daughters of the Empire, Victorian Order of Nurses, Massachusetts-Halifax Health Commission, the Council of Women and Women's Institutes co-operate with this Department in the interest of child welfare work.

PUBLIC HEALTH NURSES

This Department has now a staff of fourteen nurses. All these nurses have had special training and experience in public health nursing and are doing generalized public health work in the various counties in the province. They visit all the schools in each county and special attention is being given to child welfare and tuberculosis work.

CLINICS

Fourteen regular clinics are now established in the counties where public health nurses have been on duty. In addition to these clinics special tuberculosis and child welfare clinics will be held at intervals in the most central places in each county.

The public health nurses and local physicians are in attendance at these clinics and arrangements are being made to have a tuberculosis specialist visit these clinics at regular intervals.

PRE-NATAL WORK

Very little has yet been done by the rural districts by way of pre-natal work and care of mothers.

MEDICAL INSPECTION OF SCHOOLS

The medical inspection of schools in this province is under the control of this department, except in the cities and certain towns where the work is being carried on independently. Each nurse makes arrangements to visit a certain number of schools each week, and it is the intention that all schools in the province shall be visited by the nurse at least once a year. This work is being followed up by the divisional medical health officer. The Women's Institutes have assisted the county nurses in establishing the serving of hot lunches in the rural schools. Nutrition classes are being held in the town and city schools.

A mobile clinic carrying a dentist, tuberculosis specialist, and moving pictures has worked in four counties. This clinic is being financed by the municipality or by private individuals with the assistance of the Red Cross Society, and it is hoped that this work will eventually be extended to all parts of the province.

PLAYGROUNDS

There are several supervised playgrounds in the city of Halifax, and one each in Sydney and Glace Bay. The city of Halifax granted the sum of \$2,000 for this purpose, and assistance is being given by the various philanthropic organizations for the support of this work.

PUBLIC HEALTH NURSES, PROVINCE OF NOVA SCOTIA—SIX MONTHS PERIOD, ENDING APRIL 30, 1921

Schools visited	396
Pupils examined	16,972
Pupils unvaccinated	1,342
Defects—	
Nutrition	1,207
Deformity	148
Enlarged glands	473
Skin disease	342
Scalp disease	520
Dental caries	9,267
Defective vision	1,956
Hearing defective	191
Diseased tonsils	5,320
General activities—	
Notifications to parents	13,001
Health talks	665
Tooth brush drills	285
Home visits	511
Tuberculosis work—	
Home visits	273
Child welfare work—	
Home visits	227
Miles travelled	7,631

Examinations made by other nurses in co-operation have totalled about 12,000 in addition to the above.

SUMMARY OF PUBLIC HEALTH NURSES' REPORTS FOR A TWELVE MONTH PERIOD—JANUARY 1, 1921, TO DECEMBER 31, 1921

Number class rooms inspected	1,352
" pupils examined	36,948
" unvaccinated	4,222
Defects—	
Nutritional	2,912
Deformities	259
Enlarged glands	1,189
Skin disease	819
Scalp disease	1,255
Dental caries	21,174
Deficient vision	3,697
Deficient hearing	382
Diseased tonsils	10,302
General activities—	
Notifications to parents	31,625
Health talks	1,609
Tooth brush drills	706
Home visits—	
School work	1,105
Tuberculosis work	932
C. W. work	1,369

PIONEER STEPS IN PUBLIC HEALTH NURSING IN THE PROVINCE OF NOVA SCOTIA

The Halifax Branch of the Victorian Order of Nurses was inaugurated in 1902 with a staff of two nurses. During the summer of 1913 a milk station was opened in the city of Halifax with a Victorian Order nurse in attendance who visited the homes to instruct the mothers. Arrangements were made in the autumn of that year to have a Victorian Order nurse assist at the Halifax Dispensary for an hour each day. Medical advice, drugs and minor treatments are given free at this dispensary.

At the time of the Halifax explosion, December 6, 1917, the Victorian Order had a staff of six nurses in Halifax city. This staff was increased to fourteen to assist the Halifax Relief Commission in giving treatments in the homes of the people who were injured in this disaster.

A visiting nurse was employed in 1909 by the Halifax County Anti-Tuberculosis League. This nurse has given continuous service since that date. In addition to this a nurse visited the rural districts of Halifax county during the summer of 1911. These nurses had previously been on the staff of the Nova Scotia sanatorium. A second nurse was added to the staff in 1918, and the Tuberculosis Clinic was opened in Halifax city in 1919. Since 1920 this work is being done by the Massachusetts-Halifax Health Commission.

In the spring of 1914 a school nurse was appointed by the Halifax city school board. The staff has since been increased to four nurses. The school board of the city of Sydney and towns of Amherst, New Glasgow and Truro now employ a school nurse, while more or less school work is done by V.O. nurses in several other towns.

DALHOUSIE UNIVERSITY

A Public Health Nursing Course was inaugurated at Dalhousie University in March, 1919. The Provincial Red Cross Society now offer scholarships of \$350 each year to ten graduate nurses who wish to take this course, upon the understanding that they will do public health nursing in the province on the prevailing salaries, for at least a year.

MASSACHUSETTS-HALIFAX HEALTH COMMISSION

The Massachusetts-Halifax Health Commission opened Health Centre No. 1 in Halifax in the spring of 1920 and Health Centre No. 2 in Dartmouth in March, 1921. In these centres the following clinics are being held: Pre-natal, Infant Welfare, Child Welfare, Nutritional, Venereal, Tuberculosis, Posture, Psychiatric and Pre-School Dental.

The records of February 28, 1922, show that the sixteen nurses on the staff of the Massachusetts-Halifax Health Commission have 2,200 families under their supervision.

THE RED CROSS

The Nova Scotia Provincial Branch of the Red Cross Society in 1920 sent out two caravans to tour the provinces. At their departure from the parade in front of the City Hall, Halifax, His Honour, Lieutenant-Governor Grant, and Mrs. Grant, His Worship the Honourable John F. Parker, Mayor of the City, Provincial Health Officer Dr. W. H. Hattie, The Reverend Dean Lloyd, representatives of the Massachusetts-Halifax Health Commission, of the Red Cross, and others, were present to bid the caravans Godspeed. The fleet of seven Red Cross ambulances, with motor trucks and touring cars, then left for the Dartmouth ferry. Each of these Public Health caravans is equipped with educational moving pictures and lantern slides. The personnel consisted of six doctors, a dentist and a corps of nurses. They spent six weeks in the coast towns and fishing villages. One of these caravans went northward along the shore of Minas basin, crossing thence to the shores of Northumberland Straits, and skirting the northern coast of the province, passed through Antigonish, and on to Sydney, Cape Breton, thence to the extreme north of the Island.

The caravan going south went along the southern shore of Minas basin, through the historic Evangeline country, by Grand Pre, south through Cornwallis and Annapolis valleys, and through the municipality of Clare, where the descendants of so many returned Acadians dwell. This caravan, after visiting the southernmost portion of the province at Yarmouth country, returned along the east coast, through Guysboro county and then to Halifax.

A contribution of \$25,000 was also made by the Provincial Red Cross Society to maintain a trained public health nurse for demonstration purposes, in each county for a year, these nurses working under the direction of the Provincial Department of Health.

A County Dental Clinic was also established by the Red Cross in 1921. This Clinic did much to relieve and improve dental conditions in children in sections of that county in which, otherwise, it was almost impossible to procure the needed corrections.

ONTARIO

DEPARTMENT OF AGRICULTURE

INSTITUTES BRANCH

Minister: HON. M. W. DOHERTY.

Deputy Minister: Mr. W. B. ROADHOUSE.

Superintendent of Women's Institutes: Mr. GEO. A. PUTNAM.

Assistant Superintendent: MISS E. M. CHAPMAN.

While there is no department in connection with this branch which might be termed "Child and Maternal Welfare Work," a great majority of the activities of the Women's Institutes centre about this line in our instruction in domestic science and home nursing. We emphasize the importance of proper care for the mother and the new-born babe. The feeding, clothing and proper care of the child up to school age are duly emphasized.

In the schools the Women's Institutes have done much to improve sanitary conditions, proper heating and lighting, and the beautification of the schools, both inside and out. Games of a desirable character have been encouraged and equipment purchased. A great many schools, with the influence and assistance of the Women's Institutes, have introduced the "Hot School Lunch" at the noon hour.

While this branch, through its instructors and encouragement to the Institutes, has done a great deal along child welfare lines, other departments of the service, especially the Provincial Board of Health and the Department of Education have found it possible to make their efforts most effective through co-operating with the Institutes, which plan for meetings, distribute literature and maintain a keen interest in health problems.

The Chairman of the Provincial Committee on Health is Dr. Margaret Patterson.

The Institutes hold a large number of courses in nursing, and in each line of instruction the child is not overlooked.

There are six graduate nurses who are devoting practically all their time to "Short Course" work among the Institutes. Our programmes are outlined from time to time in consultation with the workers in the field and with Dr. Patterson, who is always ready to assist us.

Mrs. A. H. Willet, a graduate nurse living in Cochrane, has been rendering valuable service to expectant mothers, fire-sufferers and others in immediate need in the Timiskaming district. There is great need for service of this nature throughout the whole of the north country. Many Institute women have lamented the fact that, while advice of a general character has been given and laboratories established, service which reaches the individual has not been provided to any extent. With comparatively small expenditure of funds most valuable assistance could be given to expectant mothers and the women with young children.

The Women's Institutes have been helpful in getting Child Welfare literature circulated throughout the province. We were able to supply lists for the distribution of "The Canadian Mother's Book" and "Little Blue Books," so that these got into the hands of thousands of country women at an early date after publication.

The Institutes have also distributed a large number of "The Baby" and other health literature issued by the Provincial Health Department and have co-operated in a splendid way with the Provincial Health Nurses.

One of the original objects of the Women's Institutes was to "study the more scientific care and training of children, with a view to raising the standard of the

health and morals of the people". The first child welfare work undertaken by the Institutes, outside of the home, was the improvement of the rural schools. At first this consisted largely in having the school buildings cleaned, renovated and improved. Later this has been carried further, into installing drinking fountains, libraries, gramophones, and hot lunch equipment for the benefit of the school children.

It was through the work of the Women's Institutes, pioneered by Miss Maud Hotson, and Mrs. (Dr.) Wilson, of Parkhill—both of whom have died during the past two years—that medical inspection of schools became general throughout this province. These women had the courage to try out the first campaign of inspection, and the first school clinic in their own community. The example was followed by Institutes in many other communities, until the Government was convinced that Medical Inspection was sufficiently popular to warrant their establishing it for the whole province. School clinics appear to have been discouraged by some influence or other, but a number of Institutes are still holding dental clinics.

Baby clinics have been put on by many branches, in co-operation with the Department of Health, and some of our Institutes have undertaken to put the Government Child Welfare literature (published by both the Provincial and Dominion Departments) into every home in the neighbourhood.

The Institutes undertake much original work every year.

FALL FAIRS AND CHILD WELFARE

One of the great social, agricultural, and industrial events of the year is the exhibition or fair.

A great many fairs have made important contributions to the advancement of child welfare. Not only are the interests of children well remembered by those who organize and exhibit at the "fair" but often a special "Child Welfare Exhibit" or "Child Welfare Clinic" is arranged for, instruction and information being given as well as the demonstration of methods in child hygiene.

This was the case also in the larger exhibitions in 1920 and 1921, especially in the Central Canada Fair in Ottawa, the Western Fair in London, and the Canadian National Exhibition, Toronto, where a specially valuable and attractive exhibit was arranged by the Provincial Board of Health.

THE SCHOOL FAIR

This has developed almost entirely under The Agricultural Instruction Act. In 1912 there were only twenty-five school fairs in the province, this being the first year they were adopted as a general policy of the department. In 1921, 442 school fairs were held and in them a total of 93,715 boys and girls participated. As has been frequently explained, the school fair is an effort to interest the boys and girls in better seed, better stock and better methods of agricultural practice. While the school is used as a unit of organization and the co-operation of teachers and trustees is of inestimable value, most of the work is done at home.

RECREATION

In 1920, under the title of "The Community Halls Act" an Act was passed by the Legislature of Ontario providing for the establishment of athletic fields, community halls and playing fields for community recreation. The province gives a grant of not more than \$2,000, which is to be 25 per cent of the total cost. The Department of Agriculture, which has taken charge of this matter, issued in August, 1920, Bulletin 279, on "Community Halls," giving the Act, regulations, plans and other information.

This movement has been taken up in a number of places in the province and has been found beneficial for children and for the community generally.

UNITED FARM WOMEN OF ONTARIO

Secretary: Mrs. H. L. Laws.

The U. F. W. O. Clubs, in Oxford county particularly, have worked toward having municipal school nurses, and have done everything in their power to encourage medical and dental inspection in schools. Various clubs have also contributed toward the support of the various organizations, and have tried to encourage physical culture, and the study of food values. In many sections they work with the committee of the Children's Shelter. In many localities homes are open for fresh air vacation for the city children, "so that our work is incidental, but we hope none the less practical and helpful."

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: Hon. W. E. RANEY, K.C.*Deputy Minister:* Mr. EDWARD BAYLY, K.C.

JUVENILE COURTS IN ONTARIO

Toronto.—Judge H. S. Mott.

Stratford and County of Perth.—Judge James Torrance, Stratford.

Timiskaming Judicial District.—Judge S. Atkinson, Haileybury.

Kitchener and County of Waterloo.—Judge J. J. A. Weir, Kitchener.

Brantford and County of Brant.—Judge A. D. Hardy, Brantford.

Ottawa.—Judge John McKinley.

Galt.—Judge John R. Blake.

Windsor, and Walkerville and Ford.—Judge A. D. Bowlby, Windsor.

County of Grey.—Judge A. D. Creasor, Owen Sound.

Haldimand County.—Judge Massie, Dunnville.

County of Huron.—Judge C. A. Reid, Goderich.

In most cases the judge is also Police Magistrate and uses his office as Police Magistrate for Juvenile Court business.

THE TORONTO JUVENILE COURT

Report for the Years 1920-21

Abstract

STAFF

Psychiatrist.	Five probation officers.
Social investigator.	One stenographer.
Social investigator and stenographer.	Three clerks of court.

CONSULTANT STAFF

Three psychiatrists.

Three psychologists.

"The common human problems of children and their parents find expression in interviews, investigations, and personal service which are not accounted for statistically. In this regard the real value of the court in its dealings with individual and family problems can never be expressed in a report."

JUVENILE DELINQUENTS' ACT

It is probable that no change in our laws has been more helpful to children than the Juvenile Delinquents' Act, placed upon our statute books by the Dominion Government in 1908. Previous to that time a child charged with a delinquency was tried in a manner similar to that of a criminal, and was in many instances detained in company with adult criminals. This Act ensured for the child trial by a special court and freedom from contamination by mixing with adult criminals. It also considers the child as a misguided, misconducted individual needing care, sympathy and protection. To make this Act operative a city or town must make special application. In the city of Toronto it became effective in the year 1912.

AIMS OF THE COURT

It is the duty of a court operating under this Act to investigate carefully the cause of the child's delinquency. The court must learn why the child is there, and must find the contributing causes. These causes may be due to the child's physical or mental condition, or to the home or social environment.

The child is the most precious asset of the state, and the delinquent child needs all the help which can possibly be given to reinstate it into society. The court needs all the advantages of modern science to aid it in this reinstatement, and should do all that is humanly possible to assist the child and its parents.

PROCEDURE OF A COURT CASE

Cases may be brought before the court by one of its officers, by a policeman, a Children's Aid official, or any interested party, but the statement of charge against the child must be made on oath. The charge must be read to the child and the child must be given the opportunity to state whether he is innocent or guilty, this being the indisputable right of every British citizen, whether adult or child. While other courts often have much difficulty in determining the guilty party, the Juvenile Court finds it comparatively easy. Here, however, our real work begins. The child, having admitted his guilt, the problem for us is to ascertain why he is guilty, what the contributing factors are, and how these may be overcome so that the child may be returned to his home and made capable of living a normal life. It is at this juncture that our clinic functions. We adjourn the matter for a few days in order to gather the necessary information and have the doctor and the social worker make a study of the case and submit a report to the court.

PHYSICAL EXAMINATION

The doctor gives the child a thorough examination to see if he is suffering from any physical defects, and submits his report to the court.

MENTAL EXAMINATION

Our doctor, who is a psychiatrist, does not stop here. He also makes a mental study of the child to grade his mental intelligence and see whether he is really responsible for his actions, to learn if there is any trace of mental disease, and also to evaluate his capabilities. This is one of the most important factors of our clinic, for often the mental disease from which the child is suffering reveals an abnormal condition in the home.

HOME INVESTIGATIONS

While the doctor is making the mental and physical examination our social worker is making a special study of the home environment, the child's ancestry, prenatal, natal, and post-natal, conditions, and any information that can be gathered from any reliable source which might be of value. Of course this information is

always considered as strictly confidential. From this physical, mental, and sociological study the doctor submits a report to the court, which covers the cause of the delinquency, degree of responsibility of the child, and home environment, and this information renders valuable assistance to the judge in aiding him to make his findings constructive. On the second hearing of the case the judge has the doctor's report, and the child, the parents, and any other person interested are present. Here we seek to reinstate the child in his home and to assist the home to meet its obligation towards the child. If necessary, we place the home under supervision and the child on probation to see that each assists the other for their mutual benefit.

STATISTICS

Our statistics show that 38.74 per cent of the children appearing in our court charged with delinquency are either 14 or 15 years old. These children have just left school. While there they were under the authority of the principal, plus that of the home. On leaving school the home proved unable to function and control the child, and hence the child becomes charged with delinquency.

In 1921 there were 2,384 occurrences, or cases of people coming to our court non-officially. This required the interviewing of 3,603 people, and of these cases only 100 were brought into the court for settlement. The others, with their troubles and difficulties, had adjustments made, misunderstandings cleared away, assistance and supervision given them, which we trust will aid them in being and becoming better citizens, and more efficient individuals, and of these there is no official record or mark of their appearance in the court. Here we tried to give the children in these homes a chance to grow up untrammeled by home surroundings. In other words, we tried to assist the home to meet its full obligation to the child, which is its main reason for existence, and is its chief contribution to the State. This in my judgment is very efficient work, and yields a splendid dividend to our city. I wish to say that this work is under the charge of the Chief Probation Officer and his staff and is carried out by them.

I am pleased to be able to report a reduction in the number of delinquents appearing officially in our court. Last year there were 1,709 delinquent children, while this year we have 1,663, a reduction of 46, or 2.72 per cent. Taking our population for 1920 as 512,822, as given by the Assessment Department, the delinquency per 1,000 of population would be 3.33. In 1921 our population is reported as 522,666, and the delinquency as 1,663, or at the rate of 3.18 per 1,000 population, or a decrease of approximately .15 per thousand. It might also be noted that while our population has grown and shows an increase over the last year of 1.92 per cent, our delinquency has decreased 2.72 per cent.

REPEATERS

I wish to call attention to the problem of the repeater, or the recidivist, which is a very serious one for every community. Last year our repeaters were 38.1 per cent, or, generally speaking, 4 out of every 10 children coming into our court were repeaters. I am glad to say we can report a decided decrease this year, as our repeaters are 30.48 per cent, or only 3 out of 10. This percentage is still too large, and is capable of a reduction. The number of repeaters for the year 1921 is only 11.36 per cent. This has reference to children who appeared for the first time in our court during the year 1921, and of this class only 11.36 per cent repeated during the year.

I feel it my duty again to express my conviction that if our court were properly equipped we could reduce the crime of our city by stopping the delinquency among the children. For if a child grows up to 16 years of age without being a delinquent he is not likely to be a criminal later on. Save the child and you have saved the adult, and also saved the State the expense of trying and punishing a criminal.

NEEDS

There are some needs of our work which are very pressing, and which are costing our city much by their being deferred.

First, the Detention Home. Many a boy needs the care, the teaching of a respect for authority, the finding out that he is responsible for his own acts and must learn to control himself in harmony with the law of the land, and many a needy child entitled to be assisted requires to be detained in this Home until we can determine his needs, and if possible rehabilitate his own home for his return. The present place only meets these needs in part. A little further expenditure on the part of the city would yield a much better return.

Then there is a distinct need of a place where a better chance could be given to the child whose home is unfit and is hopeless as an aid in the child's reform. We have three distinct lines of action in disposing of a case, (a) probation, (b) placing in another home, (c) commitment to Industrial Schools. Probation is very helpful and is the most desirable where the home of the child is capable of co-operating with the court officer, and many a home to-day is co-operating splendidly and loyally with your officers, and this co-operation is yielding splendid results. Then we have the Industrial Schools where a child has to be placed when society and himself must be protected each from the other. But between these two extremes we have boys capable and hopeful, without means of developing self-control or opportunity to grow up and develop along right lines. Their homes are hopeless, and they are struggling against great odds. I am persuaded that if one had a place like a farm where these boys could go, where the parents might help to support, we could save many a boy from a life of delinquency to one of usefulness and self-respect. This is a pressing need and cannot be deferred without a distinct loss to both child and municipality.

The Juvenile Court has a dual role to play. It must seriously impress the child or adult appearing before it. It must cause the person to feel that it is a place clothed with authority that must be respected and obeyed, and that the laws of our land are backed and supported by the majesty of power. But, on the other hand, it must have a real access to the heart of a child; it must appreciate his difficulties and viewpoints, and the child must be conscious of this appreciation. Much assistance can be given to the carrying out of this dual role by suitable surroundings for the court.

We have been the recipients of good wishes and hearty co-operation. The Juvenile Court Committee have always been ready to assist and to advise with us. The consultant staff have been of a special and distinct value to us in the studies they have made of children sent them. The Crown Attorney and his staff, the Chief of Police and his officers, have worked with us most helpfully, and the Big Brothers and Big Sisters have, as usual, been always ready to aid. And throughout the city we have had many offers of help and appreciation that have gone much farther than they knew in assisting us in the work we are endeavouring to do.

PROBATION DEPARTMENT

Quite frequently the department has to deal with men and women. A woman calls at the office to say that her husband has left her and is living in another part of the city. She asks that we send for him and try to obtain money for the support of the children.

The husband comes to the office in answer to a letter sent out by the department and in the presence of the wife and one of the staff the story is told. It is seen by a close examination of the story that the husband is largely to blame or the wife is at fault or both have erred, and so brought about the present condition of things in the home.

Where it is impossible to get the husband and wife to live together, a request is made of the husband to pay so much money each week into the court for the support of the children. But this action of getting the husband to support his family by

paying money into the court is only taken as a last resort. The Probation Department always tries to effect a reconciliation between the husband and wife, realizing that where parents are separated it is not in the best interests of the children, for the moulding of a child's life, so that he will grow up to be a worthy citizen, must receive the combined good influence of the parents, for "if you want to do anything permanent for the average man you must begin before he is a man. The chance of success lies in working with the boy."

The Probation Department has been able to effect many settlements, touching many and varied offences, and of the 2,385 cases which have been handled by the department only 100 cases were referred to the court, while over 3,000 people have been interviewed.

REPORT OF PSYCHIATRIC DEPARTMENT

During the year 497 new cases were examined, 26 of these repeated during the year and were examined two or more times. In addition, 53 who had been examined in 1920 were re-examined in 1921. The results of these examinations have been tabulated under various headings (diagnosis, home conditions, recommendations, etc.), and are shown in the tables attached. In addition there were 430 physical examinations, making a total of 1,006.

Mental Examination.	New Cases	Repeaters from 1920	Total
Mental defective	100	15	115
Subnormal	116	6	122
Normal dull	64	4	68
Normal average	134	5	139
Superior ability	5	2	7
Psychopathic	44	17	61
Deferred	34	4	38
	497	53	550
Re-examined			26
Physical examination			
Physical defects	128	29	257
Physically normal	161	12	173
No physical examination	108	12	120
Total examinations			1,006

FIRST ANNUAL REPORT OF THE MOTHERS' ALLOWANCES COMMISSION FOR THE YEARS 1920-1921

Minister: HON. W. R. ROLLO

MOTHERS' ALLOWANCES COMMISSION

Chairman: REV. PETER BRYCE

Vice-Chairman: MRS. ADAM SHORTT, M.D.

Abstract

FOREWORD

In August, 1920, the Mothers' Allowances Commission had its first session.

The immediate task undertaken by the commission according to the Act was the appointment of a local board in each city, separated town, county, judicial district, a total of ninety-six boards in the province. Each local board consists of five members, except in a few instances where circumstances made it desirable to appoint six members. All members of local boards serve gratuitously, only travelling expenses in attendance upon meetings being paid upon presentation of vouchers signed by the chairman of the board.

As the municipalities pay fifty per cent of the cost of allowances, the mayors of cities and separated towns, the wardens of counties, and the judges of judicial districts were invited to nominate two of the members of each of the local boards. The commission appoints the board.

The total amount contributed by the municipalities is paid to the beneficiaries, as the Government in addition to paying fifty per cent of allowances, pays the whole cost of administration. In unorganized districts the Government assumes the entire cost.

In Indian reserves, the board includes representative missionaries in the reserve, and the Indian agent. The allowance is administered by the Indian agent or by a member of the board. As the Indians are wards of the Federal Government, arrangements have been made through the Department of Indian Affairs at Ottawa, whereby the department reimburses the province to the extent of one half of the allowance granted. Very few Indians have become beneficiaries.

Allowances are not passed by the commission without the recommendation of the local boards. Large numbers of applications approved by local boards have been declared ineligible by the commission.

Forms of application, regulations, bulletins, etc., were printed in English and French.

It was early realized that there would be a very large number of applications, many more than at first anticipated, and it was decided to strike a flat rate of payment until the probable number of beneficiaries could be determined, and the probable cost to the province. It was agreed to pay a maximum of \$55 monthly in the city and \$45 monthly in towns, villages, and rural districts. At a later date it was agreed to pay \$5 monthly for each additional child in families of over five children if under sixteen years of age, and if the circumstances of the family warranted the increase. It was also decided in view of the great number of applications that only those that were really in need of immediate help should be recommended for an allowance. In consequence, no widow with an equity of more than \$2,500 in her own home, unless in special circumstances, may receive an allowance. She may have in addition not more than \$350 in liquid assets.

The commission has encouraged the applicants with cash on hand, and living in rented houses, to invest in a home and become eligible, and those with homes have been encouraged to retain them. In a number of cases where the house was poor and unsanitary, money held by the widow over the amount stated, has been used to make it habitable.

In deciding upon the amount to be recommended for any applicant, consideration is given to the wages of older children, and to any source of income, and deduction made accordingly. To place the woman with equity in a house upon the same basis as the woman paying rent, a small deduction is made in the allowance recommended.

Arrangements with the Patriotic Fund have been made as follows:—

“That in the cases where recipients of the Canadian Patriotic Fund are eligible under the Mothers’ Allowances Act and such recipients make application for allowance to the Mothers’ Allowances Commission, the commission shall allow the amount of its award in eligible cases, such amounts being allowed upon the same basis as those granted to other applicants in similar circumstances. The supervision of the family to which such Mothers’ Allowance is granted shall be wholly under the Mothers’ Allowances Commission.”

The allowance being received by any applicant from the Workmen’s Compensation Act is supplemented, if the allowance is less than the amount paid to beneficiaries under the Mothers’ Allowances Act.

We receive from the Official Guardian all necessary information in relation to moneys held by him on behalf of the children of beneficiaries and the amount being paid to the mother toward the maintenance of the children.

When a mother applies for an allowance on the ground that her husband is in an asylum, an official statement to that effect is secured from the proper authorities.

Applications on the ground of the total and permanent incapacitation of the father must be accompanied by a statement showing the specific cause of incapacitation and its probable duration, submitted by a reputable physician on a form supplied by the commission for that purpose.

Foster mother applications are made out on specially prepared forms. Certificates of marriage, birth, and death must be submitted by the applicant.

The commission does not pretend to deal with cases of family desertion. This appalling problem must be met by the Government in a more fundamental way. It was possible for the commission through the provisions of the Act of 1920 to consider a woman legally a widow who "had not heard of or from her husband for a period of seven years." The amended Act of 1921 permits the commission to recommend an allowance where the presumption of death is five years. A statutory declaration carefully prepared must be made by each applicant under the amended clause.

The commission does not consider it wise to recommend an amendment to the Act, providing that an allowance may be granted to the widow with one child. The widows with one child number almost as many as all widows with two or more children. Amendments to the Act 1921 made it possible, however, for the commission to recommend an allowance to a mother with one child under sixteen years, if under her care there was a husband totally and permanently incapacitated, or a child over sixteen years permanently incapacitated.

Applications that have to be refused or cancelled because the "mother is not a fit and proper person" are referred with a complete report to the Children's Aid Society or to the organization most interested in the family.

The commission has considered every application entirely upon its merits. In reaching its conclusions the commission has been influenced by the belief that the sentiment upon which the Act was built was aroused by the conception of the needs of the widow with young children and no resources, and by the belief that the Act was framed in the interests of the children.

Reports from investigators published in this report show already gratifying results obtained through the provisions of the Act. The constructive and rehabilitative work of the supervisor is of great value and it would be difficult to overestimate its importance.

Need for Government action in relation to family desertion, the feeble minded, venereal disease problems, better housing conditions and thorough medical inspection of rural schools are all indicated in the reports. The social tragedies revealed in our records are indeed sad.

The municipalities have been cordial in their relationships with the commission and each municipality has contributed its share of the cost of the allowances. A monthly list of beneficiaries is forwarded to each municipality and monthly returns made. Adjustments between municipalities due to the change in residence of beneficiaries are made by the accountant and the utmost care is exercised in the Accountant's Department to have municipalities charged only with their share of the amount paid to the beneficiaries within their borders. If a beneficiary has been more than a year in the municipality from which she moves, that municipality is charged for the share of the allowance until there has been established residence of one year in another municipality: Beneficiaries are required to secure the consent of the commission before removing from one municipality to another.

The attitude of the Government to the commission has been as outlined in a letter sent by the Prime Minister to an applicant in response to her appeal for his influence on her behalf: "I would beg to remind you that the Government or any member of it has not the power to say who shall or shall not receive allowances under the Mothers' Allowances Act. That matter is entirely in the hands of the members of the Mothers' Allowances Commission. I think when you consider the

matter, that you will see that it is quite proper that it should be so. Governments are, after all, dependent upon the good will of the people and are always under the temptation to do things that would bring them popular support, either in the mass or individually. To give to any Government power to say who shall or shall not be beneficiaries under such an Act as the Mothers' Allowances Act, would be so dangerous that it should not be for one moment considered. It would open a way to practices which, in the public interest, should not be allowed. It would become almost inevitably a means for the exercise of patronage and favouritism. For that reason, the Mothers' Allowances Act provides for the administration of the Act by a commission, which is, properly, I think, as independent of the Government or any other influence, as the judges on the bench. Neither I nor any other member of the Government can interfere with the work of the commission. The most I can do is to draw the attention of the commission to your case. They must take full responsibility for action."

DIFFICULTIES OF TRAVEL AND TRANSPORTATION

The investigators have large districts to cover and are handicapped by lack of transportation facilities. Sometimes a visit entails a drive or horse-back ride of thirty miles and where liveries are scarce, long walks of twelve to fifteen miles.

An application was recently received from a district so inaccessible that it was necessary for the visitor to stay overnight at the nearest railway stop in order to drive fifty-six miles the next day to her destination.

In the north the investigator has found it necessary to travel by hand-car back into the mining districts. Train crews have let her ride miles on a freight train, having supper in the caboose and helping to wash the dishes. Some of her travelling has been done by stone-boat.

The hardships of winter travelling are great, with delays in train service on snow blocked lines and long drives in heavy snow and zero weather. Some of these drives in the north are through snow so deep that it has to be left to the horses to stick to the trail.

In the spring, the bad condition of the roads makes many districts impossible of access for many weeks and itineraries have to be arranged so as to cover these territories while the frost holds.

Among other difficulties of which complaint has been made is that of poor train service on branch lines with perhaps only one train in twenty-four hours, meaning a whole day spent in making one visit.

Much time is lost through the misleading nature of rural route addresses, sometimes taking the visitor miles out of her way.

The lack of accommodation in small towns and villages makes it very difficult to arrange any itinerary where the train service is poor.

Forms have been prepared designed to give the Commission information on the points on which its decision is to be made and these forms require to be filled out. Certificates of marriage, of birth and of death, and of naturalization (if not a British subject) are required and if not in possession of applicant she is instructed how to obtain them from the Registrar-General's Department. (Baptismal certificates are not accepted.)

The investigator's report, in conjunction with that of the Local Board, informs the Commission as to the fitness of the mother to bring up her children and to maintain proper standards in the home, and that the other members of the household and the home environment are such as to be conducive to the welfare of the children.

Inquiry is also made as to the financial standing of the family, its earning ability, the ability of relatives to contribute to its support, its property holdings, negotiable assets and its debts, together with a rough outline of the cost of maintenance of the family.

The investigators have commented upon the eagerness of the mothers to avail themselves of the co-operation of the Mothers' Allowances Act and the Adolescent School Attendance Act. Very few are asking for the exemption of the children over fourteen, the result being the prevention of children being prematurely sent to work and giving many children a chance for more intelligent choice of occupation.

One family was found with five members living within half a mile of the school, none of the children attending school and none of the older members of the family ever having attended school. None could read or write and the mother gave the explanation that they had never been suitably clothed. Since the granting of the Mothers' Allowance satisfactory reports are being received regarding their school attendance.

One mother who before an allowance was granted was cooking in a lumber camp while her children looked after themselves writes: "I am not going out to work now, I am looking after my garden and children. It has always been my greatest desire to get my children to school and for a country school I think they have done splendidly for we don't always have our school start as soon as it is time on account of having to send so far for a teacher. Rest assured that when our teacher comes, the children will attend regularly for that was always my great desire to give them as much schooling as I can."

Another says: "My older children had to leave school and go to work as soon as they were able and now they are unskilled workers. Now that I have a regular allowance coming in, my little ones shall have the chance denied the older ones."

An investigator reports that in one case where school exemption had been secured on account of the small family income, the investigator was able to obtain a scholarship from a philanthropic agency to partially replace the amount earned by the child who then returned to school and in another similar case a scholarship will be granted by the same agency as soon as a Mothers' Allowance is granted.

In some unorganized districts where there is no high school, arrangements have been made by which the children live in the nearest town from Monday to Friday each week, working for their board and attending school.

HEALTH

At the end of a year's experience it has been extremely gratifying to the visitors in the homes of the beneficiaries to see the improvement in the health of the mothers and their children. All the visitors speak of the change in the faces of the mothers from whose faces the tired and worried look is disappearing. Pinched and thin faces have filled out and many a mother speaks of the comfort of being able to rest when she had wondered how much longer she could stand the exhaustion that came from working all day and every day away from home and then at home, working late into the night doing the family washing, mending and cooking.

The haunting fear of sickness that would prevent the mother from keeping the home together often was the conducive factor to the very sickness she feared and many mothers who were so overworked and discouraged that they felt they could go on no longer, now show signs of regaining their strength since the strain has been lifted.

The general health of the children has also benefited. The burden of the upkeep of the home being wholly or partially lifted from the shoulders of the mother, she has had more time to spare for keeping a cleaner, more healthy and wholesome home, preparing more nourishing food and watching more closely the physical development of her children.

Mothers have been able to remain at home and nurse their children when they were ill instead of having to leave them to the care of others for fear of losing their employment and wages. Mothers with young infants have been enabled to nurse their children instead of the artificial feeding to which they would have had to resort were they forced into full-time employment. Some families have been able to move to better and more healthy neighbourhoods.

The investigators particularly note delicate children and those with physical defects to which, perhaps, the mother had never had time to give attention, or was ignorant of how to remedy. Mentally deficient, deaf or blind children are looked after and where institutional care or sanitorium treatment is needed this is advised by the investigators and assistance is given in arranging for it.

One little four-year-old girl was a cripple from knock-knees. She was taken to an orthopædic specialist and her legs were straightened by operations and the mother is carefully following the doctor's instructions as to her care and nourishment.

A mother writes that one of her children has actually doubled in weight during the months she has been receiving the allowance. Others report a gain of from three to sixteen pounds in a few months.

One beneficiary says "Harold was all the time bothered with indigestion from eating school lunches and I don't have any trouble with him now."

Hospitals, doctors and public health nurses have been very ready to co-operate and in some districts the school nurse and the Mothers' Allowances Investigator have visited together all the pensioned families, instructing and advising them in matters of hygiene and sanitation.

In one home the mother has one side paralyzed and is wholly dependent on the Mothers' Allowance and what help a married brother can give and there is a family of five children of whom one child had tonsils so badly diseased as to retard her school progress.

In this town, two of the local doctors were approached and agreed to give their services free of charge. The operation was performed and the child has returned to school in good health.

THE EMPLOYMENT OF MOTHERS

For the present the allowance paid under the Mothers' Allowances Act is insufficient to maintain the family and can only be regarded as supplementary to the mother's own earnings or other source of income.

In every case, however, an effort has been made to obtain part-time instead of full-time employment for the mother in order that she may arrange to spend more time in the home or to arrange for her to earn without leaving the home, as by keeping roomers, dressmaking or doing laundry work in the home.

In this connection we have found large firms and heads of their departments very ready to co-operate and even in the slack season they have endeavoured to make provision for the widow with dependent children, on part-time work.

In deciding how much time the mother may be employed away from home the commission is largely guided by the arrangements made for the care of the children during the mother's absence and by the age of these children. Where they can be left with some responsible adult relative, such as a grandmother, aunt or older sister and do not suffer during the mother's absence from the home, much more latitude may be allowed in this respect. Night work is discouraged as it has been found unsatisfactory from the point of view of the children's welfare.

Where the children are of school age it is particularly desirable that the mother should be at home when the children come home from school. The hours from four until the time of the evening meal are those when the children left free to roam the streets are liable to fall into mischief and bad company.

An application was made by a mother with two children whose father had died about two years previously since which time the mother had tried to maintain a home by factory work. Twice during that time the mother had had to give up the struggle and go to live with her father, the children being separated and placed with different relatives. When the investigator visited, the mother told her that this was her third attempt and if she failed this time she would never try again. She was very soon after in receipt of her allowance and she had no further difficulty

in keeping this home together. There is little difficulty in getting mothers to see that their best service is to their children in their own home, not through their greater earning power when separated from them.

REUNITED FAMILIES

Institutions	Relatives	Other sources—such as boarding houses
35	40	6

The most important effect of the Mothers' Allowances Act is that of keeping homes together and making it possible for mothers who have been forced to separate their families to bring them together again. On all sides mothers have said that but for the allowance they would have been forced to part with their children.

In one district alone during the year the visitor reports seventeen families brought together, the children having formerly been distributed amongst relatives or placed in institutions. In the same district five families on the verge of separation found it possible to keep the home together on their earnings when supplemented by an allowance where the personal effort of the mothers alone would have been insufficient to prevent separation.

In another family the husband was incapacitated from supporting the family, by tuberculosis of the lungs in an advanced stage, and he was obliged to go to a sanitarium. There were five children, the youngest only a few months old. The husband and wife came from Russian Poland only about ten years ago.

When the application for an allowance was made the mother was boarding in the home of another Polish family and working daily in a factory. She had found it impossible to maintain the family on her own earnings and the children had been placed in an orphanage. She kept repeating to the Investigator: "Oh, I am sorry for my baby." When the possibilities of an allowance were explained to her, with pathetic impatience she began searching for a little home of her own. After several unsuccessful attempts she found a little frame house at a low rental, very simple but roomy. She saw the possibilities of it, however, and soon had the walls tinted and her little stock of furniture in place and brought home five happy children from the orphanage. The Investigator said it would be hard to find a happier scene than that family reunion.

A grateful mother who was enabled to get her children out of an institution and move from the city, where she had been working, to a small town, wrote to the Commission: "I feel that I must write you a note to thank you most sincerely for all the kindness you have shown to me in getting me the pension. It is indeed a great blessing to have my little boys with me after being separated for nearly four years and only God knows how grateful I am for it. Little Jack that was so sick at the home is getting along splendidly. The air here seems so pure and lovely after being so confined."

SELF-RESPECT MAINTAINED

By the majority of beneficiaries the allowance is felt to be a reward for service, not a form of public relief. This feeling is fostered by the commission and its representatives by an insistence upon the mother's responsibility to the State in the bringing up of its citizens. The impersonal payment of the allowances by cheque through the mail also contributes to this absence of any humiliating feeling of "charity." Family pride is recognized by the investigators as being a valuable asset to the state and one which we cannot afford to break down.

An application was received from a widow with four children under five years of age. Her husband, a professional man, had had a struggle to establish himself and was just beginning to succeed when he died very suddenly, leaving only a very small insurance and after the funeral expenses were paid, the widow had only enough left to make a small cash payment on a home—finding it impossible to rent a house

with such a family of young children. She, herself, had been a professional woman before her marriage and could earn a good living for herself and children if she left them. She decided to try this plan and engaged a woman to look after the children. This proved very unsatisfactory, the children being neglected and becoming ill and she felt she must stay with them. She then tried keeping roomers but this was unsuccessful owing to the distance from town and the presence of young children in the home. She was trying to resign herself to the idea of placing the children in an institution and giving up her home when the Mothers' Allowances Act came into operation. An allowance was granted at once and the visitor persuaded the mother to take an infant to board so as to supplement her allowance. Her steady income, and small earnings without leaving her home, so encouraged the beneficiary that she became ambitious and an arrangement was made for her to handle a line of children's wear. One of her upstairs rooms was fitted up, cards were sent out and the little business launched. The investigators remark upon the contrast between the mother's despondency and depression before the allowance was granted and her happiness and contentment now with her four little children with her in a comfortable little home.

IMPROVEMENT IN HOME CONDITIONS

The investigators have particularly noted a marvellous improvement in home conditions in many of the families under their supervision even in the short time the allowances have been paid.

In some of these homes an entirely new atmosphere has been created; new furnishings have replaced shabby or scanty furnishings; rough floors that were difficult to clean have been covered; whole clothes have replaced ragged ones; cleanliness and neatness await the visitor instead of untidiness. All because the mothers have at their disposal time and strength formerly spent in the struggle to keep the family warmed and fed. They have time to buy economically; to sew where before they had to buy ready-to-wear articles; time to cook wholesome dishes instead of using canned goods. One mother said to me: "I can save almost as much as I used to earn because while I was at work the children wasted good food and burned more gas than I did."

Many beneficiaries have been enabled to move to better neighbourhoods where the children have found a more suitable environment. One investigator says that the change in many homes is nothing short of remarkable. The mother has lost her worried look, the children are better fed and clothed and attending school regularly. Many of them are paying a little monthly on their old debts which have weighed heavily on their minds. The regularity of the allowance allows the beneficiary to plan her expenditure as she has never been able to do before.

The happier appearance of the children has also been noticed. The mother, sure of a certain regular income which will ensure the payment of rent or grocer, or other item of the living expenses, is able to spend more time at home and is not overworked or anxious and consequently not so irritable, reacting favourably on the home atmosphere.

Mothers and children are taking a pride in their homes and gardens and making great efforts to beautify and make them comfortable under the stimulus of being more at home and more at leisure. This has had a noticeable effect on the attitude of the older children who become more interested in a home that is attractive and to which they can ask their friends without embarrassment and they are consequently more ready to contribute to the support of such a home.

A beneficiary with an incapacitated husband and three children when first visited was going out washing every day of the week and scrubbing two nights from 12 p.m. to 4 a.m. in a hotel rotunda. She is now able to remain at home part time and the home shows decided improvement. This woman says she has just had her first pair of new shoes in five years.

In another instance a mother and four children lived in an isolated rural district in the back part of a house. There was no income whatever in this home except the mother's irregular earnings, occasional days washing or picking potatoes. This family now has a proper home and food, the mother having been found part-time work and granted an allowance. She is keeping a cow and has a well-kept garden.

From a small town came an application from a mother with seven children under fourteen with only four young wage-earners to maintain the whole family. This family was living in a small tumble-down frame house, having chinks in the doors and windows. Since the granting of an allowance, they have been able to move into a decent warm house and are adequately fed and clothed.

An application was received from another mother who, with her five children, was living in the home of her father whose farm was small and who had seven other members of his family dependent on him. The applicant's husband and all his brothers and sisters had died of tuberculosis and she and her children all seemed delicate and undernourished and cheerless. Her only asset was a mortgage of \$1,000. She was encouraged to invest this in a little house costing \$850, and she and her children are now settled in their own little home and with the help of the Mothers' Allowance she is able to live on the produce of her garden, cow and hens. Her relatives supply only her fuel.

SIX LITTLE CUPS

One of the city investigators tells the story of a widow who for three years kept herself and two children on \$5 a week, her own earnings. She received no assistance of any kind except a few clothes given her by the landlady of her rooming house. She had but two meals a day and on Sunday just a cup of tea. She was determined to keep her children and would not ask assistance. She had six little cups and divided her money weekly into "rent, clothing, food, church, sundries and children," and when the money in any cup was spent they did without. Two years ago her salary was increased to \$11 per week, and she was able to take another room and add a little to the family's comfort. Since the granting of a Mothers' Allowance, a wonderful change has taken place in this home. The family now occupies three rooms and the happiness and cheerfulness since the lifting of the burden of the fear of separation is marked—the mother for the first time in years was able to stay in bed for a week during illness, and could do it contentedly knowing that there was no danger of want while her allowance cheque was certain to come.

An investigator in another city writes—"From the time of her husband's death until she received the allowance, Mrs. X. was a source of concern to the various social agencies co-operating to assist her. She looked frail, was never well and received treatment at the Anti-Tuberculosis Dispensary because the physician considered her predisposed to that disease. The house was always untidy and the children neglected, left in the care of an aged relative while the mother gossiped at the neighbours. One day she received an allowance cheque for \$40 and was assured that if she did what was right, this would come every month. She felt she need no longer eat only half as much as she would like in order that her children might have more; she realized that next winter the family would not have to shiver round a meagre fire and go to bed almost before dark to keep warm; she rejoiced that she need not again go through the humiliation of sitting on a bench at the City Relief office waiting her turn to ask for an order of fuel which would never last half as long as it was supposed to. Part of her first cheque was spent for a ton of coal and the investigator was invited into the cellar to see it. The doctor at the dispensary says: "Mrs. X. has not been here for two months. She is so much better she does not need the tonic I had been prescribing. Instead of running the streets she is now found at home with the children, knitting or sewing for them. The house is clean

and the allowance supplemented by her earnings by morning office cleaning is so well spent so far that a small amount is saved some months to pay off the mortgage on the house."

Another example of an awakened interest in improvement of the home conditions is that of Mrs. A. who, ever since her husband's death three years ago, has supported her family by taking in washing for six or seven weekly customers. She had no stationary tubs and was obliged to heat all the water on an oil stove. Her ambition was to save enough to buy a coal stove and to some day move to a house with modern conveniences.

The sixteen-year-old daughter had to be taken from school when the father died and she was paying into the home everything she earned. The mother and daughter were tired and discouraged and losing heart in the struggle when a Mother's Allowance was granted. To-day this home has undergone a transformation. During the summer, when there was little expense for heat and clothing, enough was saved to buy a second-hand coal stove which a neighbour attached to a boiler and put a hot water front in for the cost of the material only. The daughter saved enough to buy two chairs and a pretty table cover. Fresh clean curtains in the windows and a well washed and mended rag rug on the floor have made the place homelike and attractive. The result of a little more leisure to plan and a little more margin for saving. The mother says, "Now I have my daughter at home in the evenings and she is not ashamed to bring her friends here instead of meeting them on the street or in other people's homes."

Again a family living in a mere shed on the outskirts of the city were practically dependent on public and private relief. The mother was trying to gain a living by working as a waitress in a factory lunch-room. She had miles to walk to her work, and as she was of middle age and not strong, this work was beyond her strength and she lost many a day's work through the illness of herself and others of her family, occasioned by the poor living conditions. She was, however, afraid to give up this factory work, not being able to afford the time it would take to secure day work which is better paid. The Mothers' Allowances gave her a chance to re-establish herself in a better home and to take time to look about, secure three good places where she obtained cleaning work, employing her two and one-half days each week. This employment supplements her allowance to the extent of \$23 per month. As need arises she puts in extra work, but always has at least part of the week at home where the result of this needed attention is shown. Naturally careful and thrifty, the granting of an allowance has given her a chance to develop those housewifely instincts which make money saved, money earned.

One more example is that of a widow in a town in eastern Ontario whose husband had been employed as caretaker of a public school. After his death, the trustees, realizing the difficulties in which the widow and her children were placed, allowed her to carry on the work as caretaker in order that the children might be kept together. At five every morning this faithful mother set out to the school, cleaning and sweeping, attending the furnace, shovelling snow and then at nine o'clock she returned home tired and hungry to an untidy house where the children had dressed themselves, got their own breakfast and set out to school. After a day spent in doing her own housework, getting her children's dinner and washing and mending their clothes, she would set out again at 4 in the afternoon to tidy the school and bank the fires for the night, and it was after dark when she finally got home to finish her day's work there. She had few debts and was said to manage well but her health and the children's welfare suffered.

When an allowance was granted she was able to give up the work at the school and all work outside the home. Laundry work for two families weekly is done in the home. She has repapered her little rented home, hung fresh curtains in the windows, and a cherry plant on the window-sill gives a home-like, comfortable appearance to a home, where the four children are always happy, neat and well cared for.

The small number of ineligible cases in comparison to the number of allowances granted may be attributed to the good work done by the local boards in clearing the eligibility of applications, many of which never reach the Commission.

ALLOWANCES—NOVEMBER 1, 1920, TO OCTOBER 31, 1921

Amount of appropriation	\$775,000
Expended	774,667
	333

DISTRIBUTION OF TOTAL AMOUNT SPENT

Province	\$416,152 50
Municipalities	358,514 50
	\$774,667 00

When a beneficiary has lived one or more continuous years in a municipality prior to making application, that municipality is chargeable with 50 per cent of allowance.

When a beneficiary moves from one municipality to another, she continues to receive full allowance (on county basis), the municipality from which she moves paying one half of the allowance until she has been a year in the municipality to which she moves.

When an applicant who is otherwise eligible is not so qualified as to residence, i.e., has not lived a continuous year prior to application in municipality of present residence, she shall not be eligible for the fifty per cent of the allowance paid by the municipality until she has completed a year of residence therein. In such cases, the beneficiary will only be eligible for the provincial half of the allowance until such year of residence is completed.

The allowance to a beneficiary in a judicial district is paid entirely by the province.

The following amounts were paid to beneficiaries residing in:—

Counties	\$251,932 00
Cities	456,352 00
Separated towns	12,609 00
Judicial districts	53,774 00

At the end of the first year there were 2,660 mothers and 8,271 children benefiting under the Act.

In the two years of the operation of the Mothers' Allowances Act the sum of \$2,156,805 has been expended in allowances, and there have been 4,216 beneficiaries in receipt of an allowance.

DEPARTMENT OF EDUCATION

Minister: HON. R. H. GRANT.

Deputy Minister: DR. A. H. U. COLQUHOUN.

Inspector of Auxiliary Classes: S. B. SINCLAIR, M.A., Ph.D.

Director of School Hygiene: J. T. PHAIR, M.B., D.P.H.

Inspector of Household Science: A. H. LEAKE

Provincial School Attendance Officer: J. P. COWLES, B.A.

REVIEW OF SCHOOL HEALTH ACTIVITIES

The Provincial Department of Education took over the School Medical Inspection staff and programme of the Women's Institute Branch of the Department of Agriculture in May, 1919, and carried out a somewhat comparable type of work

until, the need for organization and expansion being apparent, a Chief School Medical Officer was appointed January 1, 1921, when the staff was increased, and a more concerted effort toward the establishment of some practical form of school health supervision in strictly rural districts was made. That this has been warranted, is shown by the fact that from March 1, 1921, to March 31, 1922, some fourteen rural units (combinations of rural and small urban boards to carry on this work, not exceeding forty class-rooms) have resulted, and some five others are committed to the plan at an early date. In the so-called Hinterland of Ontario, it is hoped to offer some form of school health supervision that will be of value. In North Frontenac and Addington, experimental work is being carried on at the present time with this end in view.

The department aim to stimulate interest in the work by the awarding of grants to those centres carrying it on in an efficient manner.

The educational possibilities of the work are not being overlooked, and health education and its value are stressed on all possible occasions.

A standard physical record card of proven worth is being adopted in practically all the cities throughout the province, and the Department's demand for at least one full-time school nurse for every 2,000 children of school age is rapidly being accepted as a minimum.

No cognizance has been taken in this report of centres not having full time school nursing service. There are many towns and villages throughout the province which employ a nurse or physician to examine the children once or twice a year, but as this type of service can hardly be called school health supervision, they have not been included.

Provision has been made by the department for the early appointment of a full time dental officer, who will aid in the supervision of the various school dental activities.

MEDICAL INSPECTION OF SCHOOLS

Medical inspection of schools is carried on under the direction of the Department of Education in all centres except Toronto. The Chief School Medical Officer is J. T. Phair, M.B., D.P.H. The department have a staff of seven full-time physicians and twelve full-time nurses, with a Director of School Nursing, Miss E J. Jamieson. Their activities are largely concerned with propaganda and supervision. There are forty-three urban centres throughout the province equipped with a reasonably efficient form of school health supervision, and some sixteen rural units employing a full-time school nurse. There are two cities employing full-time school medical officers and six part-time; while many others have medical men associated with the work. Only one city has a full-time dental officer (Windsor), but there are twelve centres employing part-time dental officers. Thirteen counties have been surveyed in their entirety, by the departmental staff, while eight others have been partly surveyed.

SCHOOL HEALTH EDUCATION

Much attention of late has been focussed on health education, and its importance. In all centres equipped with any type of school health service the nurses are asked to give a short pointed "Health Talk" at the conclusion of any classroom inspection. The Junior Red Cross have aided materially in this work during the last year.

SCHOOL LUNCH

About 500 schools in Ontario now have the necessary organization and equipment to serve a hot and nourishing lunch at noon to all the children who require it on account of the school being too far away from their own homes to enable them to go home to dinner at noon.

Arrangements have been made by the Education Department for a special summer course for teachers in Toronto, during July and August, 1922, so that any

who wish to take up a short course in dietetics and domestic science may do so, and thus be prepared to carry on this work in the schools in connection with school health education.

SCHOOL HYGIENE

The local Public School Inspector is responsible for the maintaining of a reasonable degree of school hygiene, while every year the schools are visited by the local medical officer of health who reports to the Board his findings and recommendations with regard to school sanitation; also sending a duplicate to the Provincial Health Officer, who in turn takes the matter up with the Department of Education. Department grants are withheld and other pressure brought to bear unless the standards demanded by the departmental regulations are maintained. The department field staff (medical and nursing) have been a very potent factor also in stimulating an increased interest in this field of community hygiene.

SPECIAL OR AUXILIARY CLASSES*

There are fifty-six Special or Auxiliary Classes in the province of Ontario, as follows:—

Toronto—41: Including 3 Open Air, 1 Ambulance, 1 Myopia, 1 Lip Reading, 32 Subnormal.

Other Ontario Cities—15: Subnormal, as follows: 2 Ottawa, 1 Oshawa, 1 Hamilton, 1 Peterboro, 1 Brantford, 1 Kitchener, 2 Guelph, 2 London, 1 Chatham, 3 Windsor.

For further particulars see Auxiliary Class Report by the Inspector of Auxiliary Classes, Dr. Sinclair, in Reports of Minister of Education for Ontario, 1920 and 1921.

PLAY AND RECREATION

Much has been done in the larger centres, both by the municipality as a whole in providing supervised playgrounds and by the local School Boards. Toronto, Hamilton, Windsor, Brantford, Galt, Guelph, Niagara Falls, London, and in fact practically all the cities have done something along this line. The Provincial Department of Education has made provision for the immediate appointment of a Director of Physical Education, who will plan a provincial programme which will meet the needs of the smaller municipalities and rural communities.

VOLUNTARY ASSOCIATIONS

The Ontario Branch of the Canadian Red Cross aided in financing a county-wide demonstration of school nursing in Dundas county, under the auspices of the Department of Education. This demonstration lasted from September to March. The local branches of the Women's Institutes, Daughters of the Empire, etc., have aided in the establishment of school health supervision in many centres, by contributing towards its support in its inaugural stage.

THE ADOLESCENT SCHOOL ATTENDANCE ACT

It has been stated that the Adolescent School Attendance Act, April 24, 1919, of Ontario, aims to establish a higher minimum of education than the Fisher Bill in England, or any similar enactment in the United States. After September 1, 1920, the period of compulsory full-time school attendance is increased to include pupils of 16 years of age, instead of ending with 14, as heretofore. Full exemption will be granted only for sickness, matriculation in a university, or the completion of a course of study considered equivalent by the Department of Education. Partial

*The Ontario School for the Blind, Brantford, and the Ontario School for the Deaf, Belleville, are also under the direction of the Minister of Education.

exemption will be granted to boys and girls between 14 and 16, who are obliged to work, but a minimum attendance of 400 hours a year will be required of these. After September, 1923, a minimum school attendance of 320 hours a year will be required of all boys and girls in the province between 16 and 18, with the same exemptions as are granted to those between 14 and 16. In addition, exemption will be given those who have already taken a satisfactory full-time course of instruction up to the age of 16. Municipalities of 5,000 population, or over, must establish part-time continuation schools. Some modifications have been made in the Act since it came into effect.

SUPERVISION OF SCHOOL HEALTH AS PROPOSED BY THE MINISTER OF EDUCATION

A PROPOSAL FOR THE SUPERVISION OF SCHOOL HEALTH

School health supervision is a service intended to aid in the improvement of the physical well-being of the children of this province. It has a threefold objective.

- (1) To lessen the amount of communicable disease.
- (2) To aid in the detection and correction of such physical defects as are definitely handicapping the children.
- (3) To stimulate a greater interest in personal and community hygiene, and the practice of health habits.

By systematic and regular inspection of all children attending school, by a close inspection of returning absentees, and by following up all those away for illness, and impressing on teachers and parents a better understanding of the diagnostic value of the early symptoms of the infectious diseases, it is hoped to lessen materially the number of deaths from diphtheria, scarlet fever, measles and whooping cough, the total of which in 1920 reached over 1,100 in Ontario.

In every school section, both rural and urban, there is a larger or smaller group of children who are physically subnormal. It has been definitely proven that such conditions as defective vision and hearing, defective nasal breathing, abnormalities of the throat, glands, heart and chest, with malnutrition, anaemia, chorea, and orthopaedic and dental defects are present in increasing numbers. It cannot be gainsaid that these conditions if uncorrected, will seriously interfere with the future wellbeing of the children affected. It has also been shown that in many instances the existence of these defects and their possible seriousness, is not appreciated by parents generally.

It is felt that the periodic examination of all children by a physician or a school nurse, taken in conjunction with his school progress and attendance record, and the notification of the parents of the conditions found or suspected, will aid in the correction of many of the more pronounced of the defects present.

School health supervision is also a material help in informing both parents and children as to the importance of rest, exercise, play, cleanliness, food values, clothing, fresh air and sunshine, and the so-called good health habits generally, all of which must be given greater prominence if we are to succeed in our aim of making the children of to-day the healthy men and women of to-morrow.

When thinking of the economic side of this question, it is necessary to bear in mind the enormous annual waste of money, due to the non-attendance and lack of progress of those handicapped by below-normal health. The statement that sickness directly or indirectly is responsible for 75 per cent of the absence from school in this province, adds another very material reason why a concerted effort should be made to raise the health standards of the children of school and pre-school age. A great deal can undoubtedly be accomplished in the solution of this problem by a reasonably efficient system of school health supervision.

The Provincial Department of Education appreciates in the fullest degree the need for school medical and nursing service, and suggests the following practical solution of the question of its establishment in the rural and smaller urban centres, namely: a union of sufficient of these school sections to make a compact group of say 30 to 40 classrooms, which group can employ a school nurse who will give her entire time to the work. She would arrange a schedule and visit each of the schools, so many times a term, from once every two months to once a week, depending on the size of the school, and the need of each section. She would examine as thoroughly as possible the children present, and check up her findings with the history of previous illness and the attendance record of the child, and the teacher's report of his or her progress. She would then confer with the parent if she judges the child to be physically subnormal, leaving the question of diagnosis and treatment, when necessary, to the family physician and the parent. This plan is being satisfactorily carried out in several parts of the province at the present time, and has no insurmountable difficulties in the way of its extension to many other districts.

The assistance of the department can be obtained in making an initial survey of the district, or aiding in the establishing of the service in any community. And where the service is efficiently carried on, according to the regulations of the department, a liberal annual grant is awarded.

CIRCULAR TO RURAL SCHOOL BOARDS RE MEDICAL AND DENTAL INSPECTION

It has been thought advisable to draw the attention of school boards and others to the provisions of the Public and Separate School Regulations for School Medical and Dental Inspection. These regulations are found on pages 68 to 75 inclusive. The regulations give power to one school board or a number of school boards to unite for the purpose of carrying on a system of school medical inspection. The boards entering into the agreement appoint a committee, preferably from their numbers, to carry on the work. This committee may act in conjunction with other local organizations approved for this purpose by the minister.

Whilst many towns and cities have adopted a system of medical and dental inspection very few of the rural districts have undertaken this work, notwithstanding its accepted value as proven by the enthusiasm of those places already equipped, and the necessity as shown by surveys of the schools in the counties of Halton, Peel, Renfrew, Wentworth, Middlesex, Bruce, Essex, Hastings, Perth, Haldimand, Grey and Simcoe, recently made by members of the department medical staff. The following figures are a few of the findings:—

During the years 1919-20 when these were surveyed some 27,776 children were examined. Of this group 25,010 or 90 per cent were found to have one or more defects and while some of these were of a minor nature, the vast majority warranted early treatment. Figures of a similar nature could be given for every community in which such surveys have been made, but these will suffice.

The above results would tend to prove the statements of workers in this field, that over 85 per cent of all children in the province have one or more defects which, in almost 60 per cent of the cases, are remediable, that is, that with an early appreciation of the facts on the part of the parents, and the application of the accepted mode of treatment, the condition is permanently remedied, and no ill effects are left; on the other hand, in about 40 per cent of these cases, continued neglect will leave a permanent disability, probably entailing early and serious consequences. Possibly it is not too much to say that the efficiency of the children for future citizenship can be increased by about 33 per cent where a proper system of medical and dental inspection is introduced. This increased efficiency would result in a gain to the province of many millions of dollars annually, to say nothing of the discomfort and real suffering that it would eliminate. The Department is convinced that when these

facts are duly weighed by boards of trustees they will appreciate the early need of some type of organization that will give the children in the rural districts the benefits of a system which has long been enjoyed by their fellow-pupils in the towns and cities. The department is now able, with the appointment of a Chief School Medical Officer and an augmented field staff, to give you all the help possible in initiating this work in your district.

When establishing a local system of school medical inspection it should be borne in mind, that to be of real value this work must be well and tactfully done, and the staff engaged must be made up of individuals impressed with its importance. The names of doctors and nurses applying for appointment should be forwarded to the department for consideration. The department feels that this question is so intimately associated with all other educational matters that it should be carried on wherever possible under the auspices of the educational authorities.

While the question of expenditure involved in this matter must of necessity be considered, the amount contributed by each school board will be small, and arrangements are being made for grants to be paid by the department on the following basis:—

(1) An annual grant of \$10 per class-room to every rural school board where the trustees have undertaken the engagement of a school nurse who devotes her whole time to this work, either acting in conjunction with a number of other rural boards, or with the boards of a town or village adjoining.

(2) An annual grant of \$10 per class-room, in a town or village, when the school board of such town or village has entered into an agreement with a number of rural school boards for the purpose of employing a school nurse who shall devote her whole time to the work of school medical inspection.

(3) An annual grant of \$5 per class-room, in a town or village, where the school nurse, who devotes her whole time to the work, has been appointed under the regulations of this department.

(4) An annual grant of \$3 per class-room for each class-room in a city of less than 200,000 population, where a system of school medical inspection approved by the minister is carried on.

In conclusion, it is proper to add that the immediate success of all established systems, and the unquestioned need as shown by the surveys of the rural districts, alike indicate the necessity for early and decisive action.

Your obedient servant,

JNO. WAUGH,

Chief Inspector of Public and Separate Schools.

Feb., 1921.

HOUSEHOLD SCIENCE

In the year 1919-20 there were 198 rural schools teaching Household Science and serving the hot lunch; in 1920-21 there were 308; in 1921-22 there were 412. The Department issues the manual, "Household Science for Rural Schools," as a guide to teachers in this work. Annual grants varying from \$15 to \$75 are given by the Department in aid of Household Science work in the schools.

SCHOOL ATTENDANCE WORK IN ONTARIO

The efficiency of an educational system depends upon organization and attendance. In the term "organization" is included everything which gives structure to the general educational system: the staffs, administrative and executive, the force of inspectors, supervisors, teachers, boards of trustees and other officials, the courses of study, and also the buildings themselves and the equipment of the schools. In Ontario the various factors which modify instruction are being subjected constantly to revision, with the result that from the standpoint of organization this provincial system is, by general consent, fairly abreast of the times.

Until recently school attendance, the other phase of an educational system, did not receive its just share of attention. It is true that attendance at school has been compulsory for many years, but of the enforcement of the law the late Dr. John Seath says, in his "Education for Industrial Purposes," page 266:—

"Until a child is fourteen or until he has passed the high school examination, he is required, by the Truancy Act, with one or two necessary exceptions, to remain under instruction at a provincial school or elsewhere; but although the Act makes it imperative for every urban municipality and gives every township the power to appoint a truant officer, in the case of the former it is sometimes either loosely enforced or not at all, and in the case of the latter no such officer has yet been appointed. The phase of the subject with which I am at present concerned is the large number leaving the provincial schools about fourteen, or earlier, and the comparatively small number remaining for longer periods, whose destination in both cases is some form of industrial occupation."

The delay in facing attendance problems, probably due to the failure of the public to realize the needs of the future in the stirring days of provincial growth and expansion, has permitted certain conditions to arise which must be eliminated if the province is to increase in importance, or even to hold its own among the advanced states of the world. Two of these conditions are that some, through irregular attendance at school, have grown up poorly educated, not quite illiterate, perhaps, but with insufficient mental training to enable them to adjust themselves to the increasing complexity of modern social, commercial and industrial life, and that others have had their school life cut off at an early age with the result that much genius of which the world has need has been undiscovered, and much intellectual capacity has remained unknown and undeveloped.

The Legislative Assembly of the province of Ontario has taken a long step forward in passing two measures dealing with these problems. The first, the School Attendance Act, 1919, secures the enrolment and regular attendance of every child of school age up to fourteen years; and the second, the Adolescent School Attendance Act, extends the period of education by providing for full-time education from fourteen to sixteen years, or part-time education from fourteen to eighteen years. If these two Acts are enforced sanely, the two great causes of intellectual loss to the state, which have been referred to above, will be removed, and a fruitful source of juvenile delinquency, of poverty, of unsanitary home conditions, and of social vice will be blocked.

Under the School Attendance Act officers have been appointed in every municipality of the province. These officers number over thirteen hundred. It is their duty to see that every child has the advantages of regular schooling, but in the performance of their duty they are expected to ensure the enforcement of the law more through the removal of causes of non-attendance than through an appeal to the courts. It will be evident to anyone that among so many officers so recently appointed there will be found some who do not take their duties seriously and some who feel that to obtain observance of the law there is only the appeal to force. However, among the thirteen hundred and more officers of the province there are very many who are physicians, in that they diagnose and then attempt to cure. As a rule they find that the absentee from school is a victim of conditions such as poverty, ignorance or unnatural greed of parents, or the rapacity of employers. The disclosure and the removal of these conditions are the great public services rendered by these officers, and their work is least in threats and fines, though in certain cases they find that the lash of the law must be applied.

Among the welfare workers the relation between school delinquency and court delinquency is known to be extremely intimate. Of 101 boys in a special school for truants of which the writer has knowledge, 39 had been in court formerly a total of 75 times. Only too often the disrespect had for law by disregard for school rules and school discipline brings young persons into conflict with society. Case after case

is reported by the Ontario school attendance officers of young persons accused of offences committed when they were illegally absent from school. These offences include interference with private rights and property, violation of local regulations and by-laws, and even infringement of the penal code. Some of the very best work of the attendance officers of this province is done through the prevention of juvenile delinquency.

Much could be said of the co-ordination through the attendance officers of the work of charitable societies, municipal and school nurses, the Children's Aid Society, and of the various organizations which exist for the promotion of a better life; and many examples could be given of what attendance officers are doing in this connection, but their activities are already becoming well known among child welfare workers, or may be learned directly from local officers themselves.

Another duty placed upon the attendance officers is the enforcement of the Adolescent School Attendance Act. By section 3 of this Act, now in operation, all adolescents fourteen and fifteen years of age are required to continue full time at school unless exempted for satisfactory reasons upon a home permit or an employment certificate signed by the attendance officer, the sole authority in issuing exemptions. Certificates allowing such adolescents to work may be issued when the officer is satisfied that the services of the adolescents are required in the necessary work of the parents or in gainful occupation for the maintenance of the adolescent concerned. The attendance officer, therefore, must know the home conditions of the applicant, his age, the character of the work he desires to engage in, his educational standing, as well as any special aptitude, gift, or bent he may possess. Is it not evident, then, that the attendance officer has an admirable opportunity to act as a vocational guide and to direct the young person into the right occupation? It is pleasing to be able to state that most excellent work along this line is being done by officers in many of the cities and towns of the province where school boards have given this subject attention and have come to realize the benefit of this feature of educational work. It is hoped that not many years will elapse before all urban boards will understand what is meant by vocational guidance and juvenile placement, and then there will be, even in the largest cities, adequate attendance departments, so that every child of an urban community may have the chance of success in life to which he is entitled.

Section 9 of the Adolescent School Attendance Act came into force on September 1, 1922. Employed adolescents of fourteen and fifteen years of age in towns and cities having a population of five thousand or more are now required to attend part-time day courses of instruction for at least four hundred hours a year and the employers are compelled to grant sufficient time from the regular hours of employment to permit attendance. Many persons have supposed that most children leave school because of economic stress. A careful study shows that this is not the case. Many cases of "economic stress" are found to be poor management of the family income, a desire for added luxuries in food or clothing, or selfishness and disregard for the duties and responsibilities of parenthood. Many children grow discouraged because not promoted; others cannot see how the school will help them in earning a livelihood, and others again want to experience the independence of earning their own way. All these young workers may be helped by part-time education.

There is no doubt but that many of those who prove failures in life and become burdens to society can trace the cause of their failures to lack of guidance and direction during the days when they were breaking away from the ties of the home and the discipline of the school; in other words, when they were entering the field of industry. Part-time courses will tend to bridge the gap between school life, with its care-free abandon, its air-castle building, its reliance upon the restraining or directing power of the teacher, and the hard, practical life of employment with the greater independence of person and the more open paths to wrongdoing. Part-time courses of instruction should be designed to furnish means of training in the duties of citizenship and in the right use of the hours of leisure, and also to abolish, as far

as possible, the abrupt break between the school and the industry. The influence of such courses upon the adolescent boy or girl can be made of tremendous value.

The great importance of the work of the attendance officer is again apparent. He becomes a co-ordinating officer between the industry and the school. Not only does he see that the employed adolescents attend the part-time courses, but he can advise those who design the courses of study and the teachers who instruct, since his knowledge of the needs of the employed young person may be intimate and exact.

This phase of the attendance officer's work in Ontario is just beginning. It cannot be a failure with attendance officers of the right type, and one may confidently look forward to great gain in the character of young persons now emerging from childhood into young manhood and womanhood.

That the administration of the School Attendance Act in the province of Ontario is becoming effective is proven by the fact that during the past year the full-time attendance at the provincial secondary schools increased by nearly 23 per cent, and the average daily attendance in all the primary schools of the province rose to over 86 per cent of the possible attendance.

By securing additional schooling for so many youthful citizens the school attendance officers are performing a work of priceless value in the realm of child welfare. The truth of this statement is more manifest when it is noted that generally speaking the child who becomes the care of the attendance officer is the child who, because of his environment, most needs the discipline of the school and the equipment of education to prepare him for the realities and responsibilities of life.

PUBLIC LIBRARIES BRANCH

Inspector: Mr. W. O. CARSON

The number of Libraries in Ontario is 466, and in addition, there are some 300 "Travelling Libraries," comprising 30,000 volumes, under the direction of the Inspector. In all of these, attention is paid to work for boys and girls. The following is an abstract from the Annual Report of the Inspector of Public Libraries for 1921-22:—

WORK WITH BOYS AND GIRLS

"Work with boys and girls has received special emphasis in our leading libraries for several years. It has taken hold remarkably well in the smaller libraries of late. The last year has shown a great advance. Your branch is using every means to encourage this work in the smaller libraries. Appropriate lists are furnished to aid librarians in book selection. One number of the *Ontario Library Review* in 1921 was devoted exclusively to articles on work with boys and girls contributed by children's librarians. Our Governor General in a visit to the Toronto Public Library showed great interest in the department for boys and girls, and complimented the chief librarian on the work that was being done in developing good citizenship. Canadian subjects are receiving special attention in the story hour in many of our libraries. The following is quoted from a written statement by Mr. Locke, the chief librarian of the Toronto Public Library:—

"Our work with boys and girls is deliberately planned and educational in its object. This is the main reason for its success. Our story hours are carefully prepared and we never lose sight of the great central thought of all our work, the development of intelligent Canadian citizenship. This objective is not on the surface and glaringly apparent as is the case in many of the so-called citizenship or civic courses.

The essence of education lies in suggestion and we leave it at that. We provide the environment in which this suggestion may flourish, but we do not direct it.

"Biography, the history of individuals whose lives have been interesting, gives us the starting point for all our stories and wherever possible the relationship to Canadian history and Canadian affairs is always incorporated. Our aim is to be increasingly successful with the same children—continuous not continued success is what we are achieving. Our girls and boys are growing up with us and we seek not new audiences but gradual additions to our audiences."

DEPARTMENT OF HEALTH

Minister: Hon. W. R. ROLLO

Chief Provincial Officer of Health: Dr. J. W. S. McCULLOUGH

Director Division of Maternal and Child Welfare and Public Health Nursing:

Miss MARY POWER, B.A.

Pediatrician: Dr. W. J. BELL

Associate Director: Miss BERYL KNOX

PROVINCIAL BOARD OF HEALTH

DIVISION OF MATERNAL AND CHILD WELFARE AND PUBLIC HEALTH NURSING

On the staff of the division there are nineteen nurses including the associate director, one supervisor, one in charge of exhibit work and sixteen field nurses.

Municipalities in the province employing local Public Health Nurse, exclusive of nurses doing school work only, 30.

Number of municipalities in which Well Baby Clinics are being carried on, 32.

Direction.—Municipal Service, 19.

Private Agency, 12.

Both, 1.

Pre-natal Instruction is an important part of the work of the nurses of the division while on the field.

Number of municipalities in which pre-natal clinics are in operation:—

(a) Municipal Service, 2.

(b) Private Agency, 2.

Medical and nursing aid is given to mothers in sparsely settled districts and "Outpost Homes" by the Public Health Nurses.

The yearly appropriation for the Division of Maternal and Child Welfare and Public Health Nursing is \$90,000.

No provincially organized voluntary association for child hygiene has been incorporated.

PUBLICATIONS*

1916. THE BABY

1920. DIET FOLDERS

PUBLIC HEALTH NURSING COURSE—UNIVERSITY OF TORONTO

In 1920 a special course in Public Health Nursing was given at the University of Toronto, the following subjects being included in the course:—

* By direction of Hon. W. J. Hanna, Provincial Secretary, a Special Report on Infant Mortality was published in 1910. This Report was followed by a Second Special Report on Infant Mortality in 1911 and a Third Special Report on the same subject in 1912. These Reports were written by Dr. Helen MacMurchy. The first publication of the Provincial Board of Health on Child Welfare was issued in 1912—"A Little Talk about the Baby," by Dr. Helen MacMurchy.

- (a) Principles of preventive medicine and hygiene as practically applied in modern public health administration.
- (b) The organization and function of a modern health department.
 - (c) Powers and duties of federal, provincial and local health authorities.
 - 2. Pediatrics lectures with ward work and laboratory work.
 - 3. Outline of organization of Baby Clinics.
 - 4. Organization and equipment Child Welfare and Pre-natal Clinics.
 - 5. Obstetrics. (1) Pre-natal (nursing care). (2) Confinement care and technique. (3) Post-confinement care.
 - 6. Tuberculosis nursing. Nursing care by nurse, medical aspect by doctor.
 - 7. Venereal disease. Nursing care and medical aspect.
 - 8. Control of communicable diseases.
 - 9. Eye, ear, nose and throat.
 - 10. Principles of modern social work.
 - 11. Statistics. Value of records. Surveys. Birth registration.
 - 12. Economics. Mothers' pensions, Health insurance. Wages vs. infant mortality, Child labour laws, etc.
 - 13. Sanitation.
 - 14. Clinic and laboratory work.
 - 15. Principles of public health. Nursing.
 - 16. Marital hygiene.
 - 17. Home nursing lectures and demonstrations.

This course was the beginning of the University Public Health Nursing Department.

THIRTY-NINTH ANNUAL REPORT [OF THE PROVINCIAL BOARD OF HEALTH

Abstract

MATERNAL AND CHILD HYGIENE AND PUBLIC HEALTH NURSING

Just before the commencement of the great war a beginning was made towards the establishment of a Child Hygiene Bureau. Progress during the war period was necessarily slow because of lack of funds. The subject was actively taken up during 1919, and in June, 1920, a division was established with the title of Maternal and Child Hygiene and Public Health Nursing.

In forming this division the Board had in mind the excellent results attained by the movement in New Zealand, begun years ago by Lady Plunkett, and carried into successful operation by the efforts of Dr. Truby King. This movement among our kin on the other side of the world has had remarkable success in reducing the infant death rate, making New Zealand the premier nation of the world in the care of the health and the lives of its babies.

The saving of child life does not depend altogether upon work among the babies themselves. Efforts in this direction are commendable and of great value. Much in addition may be accomplished by supervision of the pregnant mother. The work is required not only among the well-to-do, who are likely to have medical supervision during pregnancy, but also among the middle and poorer classes of our people. What prenatal supervision will accomplish is strikingly illustrated by the records of the Burnside Lying-in Hospital (Toronto) as follows:—

	Semi-private cases	Public ward cases unsupervised	Public ward supervised by a clinic
Number of cases	1,198	505	416
Death of mother	10 (0.8%)	18 (3.5%)	2 (0.4%)
Still-births	45 (4.0%)	40 (7.9%)	6 (1.3%)
Eclampsia (convulsions)	20 (1.6%)	16 (3.0%)	2 (0.4%)

The comparison is made plainer if one analyzes the different groups in terms of 1,000. Thus it will be seen that in the semi-private cases which were unsupervised the mortality was 8 per 1,000 births, in the public ward unsupervised cases 35 per 1,000, while in the supervised public ward cases the rate was only 4 per 1,000. In still-births the rates for the corresponding groups were 40, 79 and 13 respectively. In the case of eclampsia the ratios were 16, 30 and 4 per 1,000. Is there any better argument for medical supervision of pregnant mothers?

A director, associate director and a pediatrician were appointed and a staff of 16 nurses specially trained for the purpose took up their duties on the field in October, 1920. Eight of these nurses were supplied by the Ontario Division of the Canadian Red Cross Society who made themselves responsible for the nurses' salaries and maintenance.

For the purpose of Health administration the Province is divided into eight Health Districts to each of which two nurses were assigned.

The programme of work is generalized public health nursing and includes Prenatal, Post-natal, Infant, Pre-school and School work; Communicable Disease including Tuberculosis; Bedside Nursing (*a*) in emergency, (*b*) in epidemic, (*c*) for nursing instruction when bedside care is given to instruct those in the home to care for the patient under the supervision of the nurse.

It is the duty of the Public Health Nurse to demonstrate the need for a Public Health Nurse in a community by:

- (1) Teaching Health in the homes, Clinics and schools.
- (2) Discovering symptoms of Disease and Physical Defect; endeavouring to secure corrections of same.
- (3) Reporting Communicable Disease.
- (4) Reporting Unsanitary Conditions.
- (5) Endeavouring to bring to the attention of the Municipal Authorities the findings brought forward by the demonstration.

In general, the policy of the Board has been to help Municipalities to help themselves. A provincial public health nurse is sent, upon request to a centre for a period of time sufficiently long to fully demonstrate the value of the work to the community, the board bearing the cost of the salary, maintenance and transportation. Special consideration by way of a monetary grant is given to towns in the northern part of the Province who desire to establish municipal service of this type.

The Division acts also in a consultant capacity when requested by local agencies, and the services of the field staff are available for local public health nurses in the respective health districts.

Because the idea is in the early stages of development the need for education is great, and much of the nurses' efforts have been directed along the line of propaganda. The number of municipalities in which public health nursing has been carried on following demonstration or other help from the Division is, however, very gratifying. In many instances the work is undertaken as a municipal service and the nurse is a civic employee, while in others owing to the financial stringency the town could not assume the responsibility and a local committee have generally stepped in and borne the burden in the interval.

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Exhibits.—The educational campaign was continued throughout the year and the Child Welfare Exhibit was shown in connection with local celebrations, the Canadian National Exhibition and a number of fall fairs. The former plans were adhered to, and infants and children of pre-school age were given special attention in Child Welfare Conferences.

The Child Welfare "Special."—A motor truck specially fitted for the conduct of Child Welfare Clinics was secured. It made its first appearance at the Canadian National Exhibition and it is hoped will accomplish much in the way of furthering the interests of child welfare in Ontario.

Conventions.—Representatives from the division were enabled this year to attend the following conventions: The National Conference of Social Work, National Organization of Public Health Nursing, Canadian Public Health Association and American Child Hygiene Association. In October, the director attended the conference on child welfare called by the Federal Department of Health in Ottawa.

* * * * *

MEDICAL AND DENTAL INSPECTION OF SCHOOLS

Adequate medical and dental inspection of schools is of the greatest importance from a public health point of view. In the absence of such inspection the future life of thousands of school children is handicapped by the fact that these children may be ill-nourished, suffering from decayed teeth, bad eyesight or defective hearing, etc. The school is the breeding ground for communicable diseases of all kinds. Many school premises, particularly in country districts, are unsanitary, the closets are out of doors and filthy, the water supplies lacking or unfit for use. Often no facilities are provided for the washing of hands, and in consequence lunches have to be eaten from dirty hands, a ready means of conveying infection. Medical inspection of schools in Ontario, except in cities of 200,000 and over, is under the control of the Department of Education and of local Boards of Education. Medical opinion is strongly of the view that all public health activities are more efficiently and economically managed under the Health Department. In some countries—England for example—the public view is the same, and in that country medical inspection, after a long period under the Education Department, has within the last two years been transferred to the Ministry of Health.

Ten years ago the annual amount spent on public health and vital statistics was under \$50,000. In the present year the appropriations for these purposes are approximately \$550,000.

The foregoing pages briefly tell the story of public health progress since the earliest days of Ontario. Fair advancement has been made, particularly in recent years. Good laws have been enacted, and considerable appropriations voted. Much, however, remains to be done before our public health conditions can be considered satisfactory. The greatest necessity is the education of the public in the value of preventive measures. Municipalities are called upon to spend large sums from year to year in curbing outbreaks of smallpox, the need for which would immediately disappear if people would take the precaution to be vaccinated and to have their children vaccinated in infancy and at the end of seven years. The mortality from diphtheria has been greatly reduced by the use of diphtheria antitoxin. Not only this mortality, but the incidence of the disease would rapidly disappear if antitoxin were used at the outset of each case and in those exposed to the disease.

Ninety per cent of our medical officers of health are part-time officers, and poorly paid at that. The public must learn that prevention of disease is purchasable and that, like everything else, cheap service is generally the dearest in the long run. It cannot be expected that a busy medical man who is paid little or nothing for his services as medical officer of health, will risk treading on the toes of his patrons by enforcing laws and regulations, which are often regarded by the latter as an interference with their freedom. It is a case of serving two masters, his own interest or that of the municipality, which the Divine word declares impossible.

Prevention of disease is by far the greatest field of modern medicine. It is not only the most economical, but the most reasonable, successful and satisfactory plan of procedure in respect to disease. To be effective it is essential to have an educated public and a highly refined and educated profession of medicine. All the insidious attempts to foist upon the public untrained practitioners of medicine of every description are a fraud upon our people and a menace to the State. It is the paramount duty

of every government to protect the health of its citizens. In order to carry this duty into effect medical education should be fostered in every way, money voted with a free hand for public health measures and education, and medical quackery suppressed in the most vigorous manner.

THE DEPARTMENT OF PUBLIC HEALTH, TORONTO

Medical Officer of Health: CHARLES J. HASTINGS, M.D.

Deputy Medical Officer of Health: A. GRANT FLEMING, M.B.

Director of Public Health Nursing: Miss E. H. DYKE

Abstract

Toronto appointed its first "city nurse" in 1907.

In the five years, 1910 to 1914, inclusive, for every hundred children registered as born alive in Toronto, fourteen died during the first year of life.

In 1921 it was 73.5 per 1,000 births (corrected birth rate).

In 1914 the Division of Child Welfare was organized to investigate the various ways and means by which the lives of these little ones were being endangered and have these dangers removed as far as possible.

The various channels through which the Division of Child Welfare safeguards the infant are as follows:—

PRE-NATAL WORK

Pre-natal Clinics and Instructions and advice given to the mothers in the home as regards their diet, the general hygienic precautions to be observed, the necessity for consulting the family physician early. The various possible dangers are pointed out, all of which may be avoided by securing timely advice from their family physician. The mother is assured that the development of her offspring depends largely on her own proper nutrition.

It is a regrettable fact that while, as a nation, we have recognized for years the necessity for the educating of the child, and consequently under the Truancy Act they are required to go to school, yet there has been little concern given in connection with education, particularly of the girls in the higher grades, as regards home making and the proper care, nursing and feeding of the infant. This lack of knowledge is demonstrated to a lamentable extent in the mothers that our nurses come in contact with in the various homes, and this is no fault of their own, but rather of the governments that were responsible in their earlier life for not seeing to it that that phase of their education which was of such vital importance had been given due consideration.

CHILD WELFARE CLINICS

The next line of activity of the Child Welfare Division is that of the Well Baby Clinics. All mothers are requested to bring their babies to the Well Baby Clinics, not because they are sick, but rather in order that they may be informed as to whether the child is developing as rapidly as it should. Whether it is growing as fast as it should and gaining weight as rapidly as it should. They are given advice in regard to the proper feeding, the proper methods of modifying the milk, and the extreme importance of nursing the baby if it is only for the first two or three months, but if possible to nurse the baby for nine months. Where this is not possible, careful instructions are given as regards the modifying of cow's milk, which is the next best substitute for the mother's milk. Instructions are given as regards the bathing and clothing of the child. Also the extreme importance of cleanliness and an ample supply of fresh air at all times.

HOME INSTRUCTION

Where necessary the nurses follow these cases up in their homes and give what instructions they can. In addition to this, a book is furnished to every mother as soon as the Department ascertains that a baby has arrived in the home, and a nurse from the Department visits the home to welcome the little stranger to the city, and to make sure that the mother has a family physician and that she recognizes the importance of occasional advice from him. The little red book that is supplied her is to serve as a guide and as a reference in the absence of the physician, more particularly in regard to feeding, clothing, the importance of fresh air, and other hygienic precautions to be observed.

Unfortunately, in the case of a large percentage of the citizens, they cannot afford to have their family physician call to keep them well, the custom rather being to summon him only when sickness has occurred, and only too often after it is far advanced, and occasionally so far advanced that human aid is no longer of any avail. This being the case, our nurses find it necessary to visit these homes from time to time to see that the babies are keeping well, but under no consideration are they permitted to make any suggestions as regards diagnosis or treatment. If there are any signs of illness, they are advised to get in touch with their family physician at once.

It would be surprising to many of our readers to know how many mothers do not understand even how to properly bathe or dress the baby, and in our nurses' visits, they are frequently required to bathe the baby and dress it in the presence of the mother, as a matter of demonstration. Doing this in the presence of the mother is much more valuable than many talks. No opportunity is lost by the nurses and doctors to impress on the mother the very great importance of nursing her baby. The great necessity for education as regards breast feeding is evident from the fact that out of 5,627 children under 9 months coming to the Child Welfare Clinics in 1921, 3,537 only were breast fed. The balance were all artificially fed.

Consequently, the visits of the nurses to the homes depend altogether on the individual cases visited, inasmuch as one demonstration to many of the mothers is all that is necessary and a careful and painstaking heart to heart talk with the mother in regard to the various ways and means of safeguarding her infant and preserving the health of the baby, serves the purpose and it is rarely necessary for the nurse to call again at that home for probably one or two months. While in many other cases, it is necessary to call once or twice a week in order to see that the instructions are being carried out. Whenever the nurse has reason to suspect that there is any desire on the part of the mother or any inclination to prematurely wean her child, she makes more frequent visits to make sure that this is not being done, and that the child is being nursed as long as it is possible to do so.

The necessity for these home visits is indicated by the fact that 18 per cent of the babies start attending the Child Welfare Clinics during their first month and 44 per cent are attending by the end of the second month of their lives, if no home visits are made. Furthermore, there is every reason to believe that breast feeding would be given up in many of these cases before coming to the Clinic, which in the absence of the home visits of the nurse would be the first opportunity the doctors or nurses would have of warning the mothers of the dangers of weaning their infants.

There are 27 of these Child Welfare Clinics throughout the city. They are conducted in Day Nurseries, in Institutions, and wherever it is possible to secure the necessary accommodation. The physicians in charge of these Child Hygienic Clinics are those who are specializing in diseases of children.

It is interesting to observe the influence of the score card bearing the child's record, which is given to each mother, the mothers vying with each other as to whose baby is developing the best and keeping in the healthiest condition.

A group of volunteer workers, young ladies who have become interested in the infants and in the more efficient safeguarding of them, have organized and are doing much of the work in connection with the Clinics and are thereby relieving our nurses more for field work.

EDUCATION

In addition to the educational work that the nurses and doctors are able to do in connection with these Clinics, and in their visits to the home, a series of health talks for mothers has been arranged, 12 in all, or one a month. These talks are given in addition to the regular Clinic days, and are given by the nurses and doctors, covering all the health needs of the child from the pre-natal period until it enters school. This bringing the mothers together has a good moral effect and stimulates rivalry amongst them as has been repeatedly observed.

In addition to these talks, literature is distributed and emphasis is placed on the book for the care of the Baby and Child, and on the necessity of the mother reading and re-reading that book in order to make herself perfectly familiar with its contents.

THE CARE OF THE CHILD DURING THE PRE-SCHOOL AGE

This is a period which has been sadly neglected to almost as great an extent as that of the pre-natal care. Even for some years after Well-baby Clinics had been established and Medical, Dental and Nursing Service had been established in the schools, there was a period between the end of the first year and the sixth year in which the child had practically no organized supervision. This service is therefore added to the Child Welfare Clinics. This is obviously important, inasmuch as many of the physical defects found in children when entering school should have been attended to one, two or three years previously, and unfortunately, occasionally these conditions are irreparable by the time they enter school. The ill results of enlarged tonsils, adenoids, defective conditions of the teeth, should be corrected as early as they occur and not wait until the child enters school. Furthermore, there is an economic problem in connection with this that is worthy of consideration, and that is that if these children are cared for with regard to their diseased tonsils and adenoids before the school age, it will save them loss of time after they have entered school.

While this care of the child in the pre-school age has not been done in an organized way in Toronto, yet it has not by any means been neglected, inasmuch as our nurses in visiting the homes for various reasons have always made it a point to ascertain whether or not there were children in that home of the pre-school age, and if so, ascertain if they were in normal physical condition, and if not, advise the parents to have them taken to their family physician.

SCHOOL, MEDICAL, DENTAL AND NURSING SERVICE

Every child on entering school is required to undergo a complete physical examination. This is done in the presence of one or both of the parents where possible to so arrange, and where this is possible the moral effect on the parents is very gratifying and most valuable. The great necessity for this work is manifest from the fact that over 50 per cent of the children on entering school were found to be suffering from some physical defect independent of the teeth. Most of these defects were of such a character as to require them to be referred to their family physician, and where they are not able to secure medical advice, they are cared for in connection with the Clinic at the Hospital for Sick Children.

The Dental Service in the schools is giving most gratifying results, as demonstrated by the fact that the number of children with defective teeth is becoming smaller and smaller from year to year, and in the light of present day knowledge of the extreme importance of the care of the teeth, it would be difficult to over-estimate the importance of this work and the value of it for these children, the benefit of which they will reap in years to come.

The health record of the child is carefully taken down on one side of the card, the other side of the same card bearing the educational record of the child in the school, and as he is promoted from one form to another this card goes with him so that the teacher in the form that he has been promoted to can see at a glance whether or not he or she has any physical weakness. If so, the teacher and the nurse are required to observe from week to week, or month to month, these weak points and see that they are being satisfactorily reinforced.

All physical defects that are found must be corrected, and in addition to this work in connection with the school, a close observation is made daily as regards the general physical condition of the child and to make sure that there is no evidence of any communicable disease.

On leaving school, the children undergo a complete physical examination. This serves a double purpose. In the first place it is interesting to compare this with the condition of the child on entering school as regards any weaknesses found at that time, and as to whether these have been satisfactorily corrected and outlived during the school period.

In addition to this, this examination serves as a vocational guide for the boy or girl.

SUPERVISION AFTER LEAVING SCHOOL

Recognizing that after these boys and girls leave school they are still boys and girls, it is quite as important and from the economic standpoint, a little more important, that this supervision be continued so far as the various industries are concerned. Consequently, through the Division of Industrial Hygiene, a careful survey has been made of all of the industries in the city during the past eight years, and regular inspections are being made.

SUMMARY

For the administration of Medical, Dental, and Nursing Divisions, the Department of Public Health has divided the city into eight districts with headquarters in the City Hall. Six of the eight districts have their offices in police stations, and two in rooms rented for social agencies.

A medical officer is responsible through the Deputy Officer of Health for the health of each district. The majority of these district physicians have completed courses leading to the Diploma of Public Health (D.P.H.) and are full time officers. Their duties are limited to the preventive aspects of health work, treatment of the sick poor being provided through co-operation with the private physicians and the in-door and out-door departments of the hospitals.

A Director of Dental Services and 35 dentists giving half-time service conduct dental surveys in the schools in addition to 26 operative clinics in schools and four in out-patient departments of hospitals. The policy of the department is to urge parents to send their children to the family dentists, but if this is not possible, the public health nurses make appointments for the school clinics. The nurses make financial investigations for the hospital clinics when requested to do so by the dentists.

The public health nursing of each district is in charge of a District Superintendent of Nurses who is responsible to the Director of the Division of Public Health Nursing. The Director of the Division is responsible to the Medical Officer of Health. There are 112 Public Health nurses.

The work of the public health nurses in connection with child welfare is carried on as part of their duties in a general public health nursing organization. There is a Special Supervisor of Prenatal, Infant, and Pre-School Child Hygiene, who is directly responsible for the work under the Director of the Division of Public Health nursing.

The physicians in charge of the Prenatal and Child Welfare clinics work under the direction of a Medical Director of Child Welfare Clinics.

Prenatal Clinics.—There are six hospital prenatal clinics. The Department of Public Health conducts five neighbourhood prenatal clinics. These clinics are for the supervision of the expectant mother.

Child Welfare Clinics.—There are twenty-three child Welfare clinics. In addition six clinics are conducted in institutions for the supervision of the children attending the same.

Each public health nurse has a section of the city in which section she is responsible for the health supervision, and in her home visiting she instructs as to prenatal care, infant care and care of the pre-school and school child, in this work closely co-operating with the private physicians and where there is a social problem, with the social agency interested in the family.

Boarding Homes for Babies and Maternity Homes.—All homes in which children under three years of age are received for remuneration, are inspected and licensed by the department, also all maternity homes.

The School Child.—A medical, dental and nursing service is provided for the care of all public and separate school children. This service embraces periodical examinations, the following up for correction of physical defects, and health education, also advising and supervising in connection with special classes for the physically handicapped children.

Sick Children.—A close co-operation is maintained between the Department and the Hospital for Sick Children, three nurses being detailed by the department for hospital social service work in connection with this hospital. Of special interest from the health standpoint, are the clinics for tuberculosis and venereal disease. The public health nurses at the hospital use the field staff for necessary home visiting.

The Isolation Hospital provides for the care of children suffering from communicable diseases, and laboratory facilities are provided for the diagnosis of communicable diseases and for the distribution of biological products for the treatment of the same. Free vaccination facilities are supplied and also centres for the free administration of Toxin Antitoxin immunization, against diphtheria.

Milk Supply.—Through the Division of Laboratories, the department maintains a close supervision of the water and milk supplied. All water is filtered and chlorinated, and all milk is pasteurized, except a small percentage which comes up to the standard of certified milk.

PUBLICATIONS

The publications of the department include:—

- “The Health Bulletin” monthly.
- “Health Rules for School Children”.
- “Care of the Infant and Young Child”.

RECREATION

About 1907 “The Toronto Playground Association” was organized, a number of public spirited citizens, who were interested in playgrounds and recreation for boys and girls assisting in its foundation, with the co-operation of the University Women’s Club and other associations. The Playground Association received general support, financial and otherwise, and opened a number of playgrounds, the first of which were “The Osler Playground” in the east of the city and “The McCormick Playground” in the west, so named in commemoration of the generosity of Sir Edmund Osler and Miss McCormick.

Public playgrounds and recreation, both in summer and winter are now under the direction of the City Parks Department.

PIONEER WORK

It will be realized how much pioneer work in child welfare has been carried on for many years in this city, as it has been everywhere, by individuals who loved to help children.

Such a one was Dr. John G. Adams, 1839-1922, a Canadian of the third generation, the author of "School Children's Teeth, Their Universally Unhealthy and Neglected Condition". Dr. Adams was a great pioneer in this work and devoted his life to it, without remuneration or reward.

HEALTH DEPARTMENT, HAMILTON

Medical Officer of Health: JAMES ROBERTS, M.D.

Abstract

CHILD WELFARE WORK

During the past year the child welfare work has been of a varied and somewhat complex nature. For example, the Public Health nurses visited 1,465 homes in response to diphtheria notifications received at the Health Centre. 723 calls were made on scarlet fever patients and 1,870 calls in relation to other communicable diseases. In addition 4,197 cultures were taken of children examined in the class room for possible diphtheria infection. Other facts worthy of special mention are that 4,637 children were attended during and subsequent to vaccination and 276 children examined for the detection of a possible rash who had been probably exposed to smallpox.

There are three Dental Clinics where excellent work is being accomplished. Two of these clinics have been conducted at Caroline Street and King George Public schools for some years past.

On September 1, 1921, a child welfare clinic was established in our Public Health building.

In dealing with tuberculosis, 242 children were examined at our dispensary during 1921; 59 of these were found to be affected with active pulmonary tuberculosis; 52 were incipient cases; 6 were moderately advanced, and one was a far-advanced case. Of the remaining 183 many were found to be suffering from malnutrition. Practically all were below par physically, and in any case where a visit to the home revealed the lack of nourishment, as the underlying cause, the Junior Health League supplied from one to two quarts of milk daily; it has been interesting to note gain in weight and general improvement in a surprisingly short period of time.

The visits of the Public Health nurses to the homes of the people are not of necessity in relation to communicable diseases only, but they embrace all possible opportunities where their visits might be serviceable in advising parents as to the proper feeding of children; the necessity for sunlight and proper ventilation in the homes; the advisability of suitable recreation, sleeping and meals, with other points relating to health conditions.

In October, 1921, a Diphtheria Immunization Clinic was established at the Health Centre. Since that date 119 children under 7 years of age and 64 over that age, or a total of 183 have been treated. No less than 374 persons have received the Schick test.

All Infant, Nursing, and Maternity Homes are regularly visited by the Public Health nurses and a vigilant oversight exercised over all infants born and 20 visits

were made to maternity boarding-houses. No encouragement is afforded by the department to the establishment or maintenance in any part of the city, of maternity boarding-houses. It is felt that in the best interest of infants, or young children who are not under the immediate care of their own parents, they should be cared for at institutions which are under the supervision of the provincial as well as local health departments.

For many years it has been the practice of the Public Health nurses to visit homes at which births have been registered.

Nursing mothers are advised as to the care of their babies and in many directions assistance is afforded in correcting conditions so as to secure the most favourable opportunities for the growth and development of the baby.

This advice and direction is welcomed, not only in the homes of the poor, but in the homes of more favoured mothers as well.

Two clinics in connection with the Health Department are under operation, and it is hoped that educationally at least, in the near future 100 per cent of births will be reached.

The Well Baby Clinic at the Health Centre has an average attendance of 22 with a total enrolment of 80.

BOARD OF EDUCATION

MEDICAL INSPECTION OF SCHOOLS

Dr. J. Edgar Davey, School Medical Officer, is in charge of this work and is assisted by a staff of school nurses. Among other progressive plans taken up during the year was the distribution of milk to the children of six of the largest public schools for the special benefit of physically undernourished pupils.

THE BABIES' DISPENSARY GUILD

Abstract

This voluntary association, formed under the leadership of some of the physicians of Hamilton, specially interested in child welfare, began its work in 1911. Previous to this, however, those who founded the association had done much for child welfare in connection with a "Clean Milk Campaign."

The first superintendent of the Guild was the late Miss Helen N. W. Smith, who placed the work on a firm foundation by her untiring efforts, and had the satisfaction of knowing that the infant mortality in Hamilton had been cut in half after her first year's work, and realizing that interest in baby welfare was established in the community. Miss Smith was succeeded by Miss Helen R. Macdonald, whose excellent work will long be remembered.

The Guild is governed by a board of trustees and a small board of directors, the latter being made up of a president, secretary and treasurer, with two representatives from the Medical Board and two from the Women's Board. The function of the Women's Board is to assist in any social service work, including meeting expenses of necessary free milk and supplies, providing simple outfits of babies' clothing in needy cases, and sending a helper to weigh the babies at the busier clinics. Apart from private subscriptions the Guild at first received a very small grant from the city. In 1915 the grant was raised to one thousand dollars. Since January, 1916, the city has given a pro rata grant.

The work is essentially educational and preventive. The "Baby Week Campaigns" have been most successful. Mothers are urged to attend the clinic while the babies are well and still nursing in order that the progress of the child may be

watched, and the mother may receive proper instructions regarding food when the times comes. Pre-natal clinics are also carried on.

It is now proposed to erect a building on the city hospital grounds at a cost of \$70,000, in which to carry on the work of "The Babies Dispensary Guild."

There can be no doubt that the educational campaigns of the Guild and the personal influence, enthusiasm and knowledge of those directing its work have done a great deal for child welfare in Hamilton.

PLAYGROUNDS

Abstract

The Playgrounds Association of Hamilton, founded about 1907, has now four playgrounds established and under supervision. Of these one has been privately donated, and the other three are municipal properties, set aside for playground work by the city corporation.

Standard equipment is provided and in some of the grounds there are wading pools.

The city makes an annual grant of about \$5,000. During the winter months the city corporation set aside certain streets for coasting in some restricted hours. The Board of Parks management provides open air skating in all the parks when weather permits.

The consensus of opinion is that the playgrounds are doing more than merely providing wholesome recreation. The grounds are becoming a rendezvous where character is moulded and discipline learned. The playground stands as a sort of "No Man's Land" between the more refined homes and the industrial portion of the city, where there are so many children, and so many responsibilities. The good effect of this mingling is apparent. A fine democracy is developing. Games have more zest, and future industrial captains are learning by competition that there is a "give and take" and a true spirit of fair play.

Weekly athletic contests are held, based upon the weights of the children. Divisions are made into Senior, Intermediate and Junior sections. Girls over 95 pounds weight are Senior; over 80, Intermediates; under 80, Junior; for the boys 95 to 110, Seniors; 80 to 95, Intermediates; under 80, Juniors. Age limit 15 years. Badges are given in athletic and swimming contests. All supervisors make a written report each day of events, and general information as to their respective grounds. The boys were taught swimming and life-saving at the Y.M.C.A. The girls were instructed in handcrafts, sewing and dressmaking. First aid was administered for minor accidents by the supervisors who were all qualified to give this important advice. Hikes for the boys and picnics for the girls were arranged so as to vary the routine.

The executive of the association was given a daily programme of events the first of each week by the chief superintendent, so that each member would take a personal interest in knowing what was being done.

Owing to a number of complaints about trespass and damage to property of playgrounds, following the close of the daily sessions all the playgrounds were opened in the evenings from 5.30 until dusk. This was brought about mainly because of agitation in favour of the scheme, because of the appearance of boys before the Magistrate on charge of trespass, and wilful damage, same being committed while the several playgrounds were closed for the day. It was a move in the right direction and necessitated an additional staff for evening duty.

A Trophy Cup stimulated much interest in inter-playground baseball competition. The Annual Play Day was held at each ground, instead of having one big field day. This maintained interest, and the parents attended in large numbers. Total attendance on the four grounds for the season of 1920:—

Girls..	22,622
Boys..	22,149
Total..	44,771

Visitors, 340. Parents, 684.

The success of the season in 1920 is shown by an increase in the attendance of 4,041 over that of the previous year.

KINGSTON CHILD WELFARE STATION

Abstract

This Clinic was opened on July 1, 1918, by the Victorian Order of Nurses and has met with marked success. Dr. H. E. Day is in charge.

In addition to the usual work of a Well Baby Clinic there are classes for mothers and physical culture classes for children.

There are on the books the names of 925 mothers. The number of "baby visits" has increased from 857 in the first year to over 2,000.

The City, the Rotary Club, the Kiwanis Club and the Red Cross have given financial aid to provide milk for school-children, weigh-scales in the schools and other aids to the work.

Leaflets for mothers and other publications are issued from time to time.

OTTAWA

Abstract

Medical Officer of Health: T. A. LOMER, M.D.

Child work was first started about 1910 by the establishment of a Baby Welfare Station or Milk Station, partly through private funds. The following year the city took up this work under the Health Department and has gradually increased it from the original start of one Milk Station and three nurses to a present staff of nine nurses and three stations.

At present the Child Welfare work of the city is organized on a basis of District Nurses, each nurse looking after the welfare of infants and young children in her district as well as giving prenatal instruction and inspecting the children in the separate schools located in her district. The public schools have their own staff of school nurses under the Public School Board.

The original Milk Stations are now operated as Baby Welfare Stations and milk is only distributed to the needy by means of milk tickets. These stations are open every afternoon with nurses in attendance for the weighing of babies, the advising of mothers on the care of their children, the preparation of foods, etc., as well as the giving of prenatal advice. On two days of each week physicians are in attendance at each of these stations for the examination of children and prescribing of diet.

It is not the aim of these stations to act as clinics for sick babies, and if children are found suffering from other than digestive or dietetic troubles, they are referred to a clinic at one of the hospitals for the treatment of sick children.

Most of the time of the nurses is spent in home visiting, and this is their most important function. The nurses are notified of every birth registered in the city and pay at least one visit to each home. If they find that their services can be useful,

these visits are repeated as often as advisable and the mothers given the necessary instruction in regard to feeding and caring for their babies. The mothers are also advised to bring their babies to the Baby Stations for weighing and for examination by the physicians in charge. During the home visiting the nurses carry out such treatments as the doctors prescribe. These visits moreover enable the nurses to become acquainted with the home conditions of the people and to advise them on many other subjects such as cleanliness of their homes, ventilation, protection of the children and foodstuffs from flies, the proper method of handling milk and other children's foods, etc.

As to the results obtained by the establishment of Baby Welfare Stations and the employment of District Nurses, it is impossible to speak in definite figures. There is no doubt that these factors have contributed very largely to the steady decrease in infant mortality which is noticeable during the past ten years. During this period the infant mortality has decreased from about 200 per 1,000 live births to 121, which was the figure for 1921. Another result of the activities of these nurses in inspecting school children is noticed in the greatly increased number of minor contagious diseases reported. Many of these cases never come under the notice of a physician, and in the absence of school nursing would continue to attend school in a contagious condition. Another result of the supervision of school children has been that a large number of cases of defective vision, adenoids, enlarged tonsils, and defective teeth have been attended to, and there is a noticeable improvement as regards the presence of skin diseases and pediculi.

PLAYGROUNDS

"EVERYBODY PLAY"

Ottawa has 12 playgrounds, with an area of about 50 acres. Total attendance about 300,000. There are about 20 employees, with salaries about \$5,000. Two thousand children enjoy the rinks and slides, with a daily attendance of from 2,000 to 4,000. Nineteen men who were employed for the rinks and slides cost \$3,000 in salaries. Total annual attendance 550,000; expenditure for salaries \$10,500. Total expenditure \$19,000, or between three and four cents for each of the occasions that a child used the facilities provided.

The Ottawa Playgrounds' Association was organized in 1913. A year before the city took up the playgrounds movement, the Local Council of Women established a playground at the park on Gladstone avenue. The work for the year 1912 was conducted purely by private subscriptions.

It met with success, and the idea of supervised play centres was favourably received, so the city decided to support and increase the work.

Everybody play—this is the slogan of the Ottawa Playgrounds' Committee.

Swimming pools, lawn bowling, open air skating rinks and toboggan slides for the youngsters during the winter also form part of the activities directed by the Playgrounds Commission, and the amount of benefit to city dwellers, in health, interest and physical development, together with the community spirit created is incalculable.

A Playgrounds' Pageant was presented at the Central Canada Exhibition in September and a Water Sports Day was celebrated with great success a few weeks earlier in the season.

LONDON

LONDON CHILD WELFARE ASSOCIATION

Fourth Annual Report

President: Lt.-Col. W. M. GARTSHORE*Supervising Nurse:* Miss BERTHA SMITH*Executive Committee*

The officers and ten representatives.

Dr. H. W. Hill, Dean Faculty of Public Health, Western University, Chairman.

Year ending November 30, 1921

FINANCIAL STATEMENT

Receipts	\$6,767	24
Disbursements	5,457	49
STATISTICAL REPORT OF SUPERVISING NURSE		
Total visits made by Child Welfare Nurses during 1921	4,930	
Children's Clinics—		
Clinics held for Sick Children, 51; Attendance	448	
For Well Babies, 140; Attendance	2,755	
For Baby Week, 3 days; Attendance	430	
		3,633

Prenatal Clinics—		
Clinics held, 48; Cases, 31; Attendance, 130.		
Number of Children on Well Baby Clinic Rolls—		
Carried forward	293	
New babies	252	
Attended during the year	645	
Dismissed	325	
On present Roll	320	
Number of families on visiting list	503	
	1920	1921
Total births	1,518	1,536
Still births	56	74
Born alive	1,462	1,462
Died under 1 year (excluding S.B.)	152	118
Survivors	1,310	1,344
Infant Mortality Rate—		
(Deaths per 1,000 live births)	104.0	80.7
Preschool age Mortality—		
(Deaths after 1st year and under 5)	36	32

It is evident that of children under 1 year approximately 80 in 1,000 die; of children 1 to 5 years approximately 8 in 1,000 die; or, infant mortality rate under 1 year is ten times the rate from 1 to 5 years.

The London Child Welfare Association was formed in March, 1918, by a few public spirited citizens who recognized the importance of the work and the need for it.

The necessary funds were raised the first two years by subscriptions, members' fees, etc. The last two years the financing of the work has been undertaken by the committee of the United Welfare Fund—who each year canvass the city for the running expenses of the various charitable organizations.

The Board of Managers is elected annually and consists, besides the officers, of a representative from the Mothers' Clubs, the I.O.D.E., the Red Cross, the Children's Aid Society, five other members, and the twelve physicians who form the clinic committee. The overhead expenses are very light. The office with heating and lighting is provided free of cost at the Institute of Public Health, where we have the advantage of co-operation with all other public health workers.

The students in the Public Health Nursing Course at the Western University take some of their field work with us—materially helping in both clinics and visiting.

The co-operation of the Board of Education reduces the overhead expense for Well Baby Clinics to a minimum—only a janitor's fee of \$1 per clinic. The first supervising nurse, Miss Bertha Smith, was appointed in September, 1918, and there are now four Public Health Nurses giving full time to the work of clinics and visiting.

In co-operation with the officials and staff of Victoria Hospital, a clinic for sick children is held weekly in the out-patients' department, also a weekly prenatal Clinic. These patients are visited in their homes by the Child Welfare Nurses. With the co-operation of the Inspector of city schools and the Board of Education, five Well Baby Clinics are held weekly in public schools in different sections of the city, where any mother may bring her baby and children of pre-school age, for medical inspection, and receive advice so that the children may be kept well.

If any child should be undernourished the mother is advised how to bring it up to normal, if any defect or incipient disease is detected, the child is referred to the family attending physician, or, if unable to pay a physician, to the outdoor department of Victoria Hospital.

In these ways it is thought that about one-fifth of the population under five years of age have been reached during the year 1921. The Visiting Nurses follow the usual routine of Public Health Nurses, demonstrating in the homes the proper preparation of infants' food, care of feeding utensils and bathing of babies—regulating the hours of feeding, and of sleep;—the clothing, and the temperature and ventilation of rooms—teaching the importance of cleanliness of body and surroundings; the importance of taking care of milk, and protecting all food from flies; the importance of feeding properly that children may be well nourished; the importance of protecting from contagious diseases; and above all, the importance of pre-natal care of mothers, and of the value of the mother's milk for the infant.

The nurses give no professional care to sick children, beyond helping any mother to understand and intelligently carry out the orders of the attending physician.

The Well Baby Clinics are not intended in any way to interfere with the practice of family physicians, and they are in no sense a charity but a public utility, to give babies and children of pre-school age the same privileges they will freely receive as school children, namely, medical inspection and examination for defects that can be remedied if detected, to see that they are of normal weight, to teach health habits and to prevent illness, by supervision of visiting nurses.

That the infant work has been successful is shown by the drop in the infant mortality rate in London from 116 per 1,000 live births in 1919 (the first year of Well Baby Clinics) to 80.7 in 1921.

The progress of public health education is shown by the fact that rarely is an infant brought now that is being fed on patent foods, where three years ago it was a common occurrence.

There is still more artificial feeding than we could wish and we have continually to urge the mother's milk as the only safe food for infants. But where artificial feeding has been resorted to, cow's milk, properly modified, has been more generally recognized as the best substitute.

Many mothers who brought artificially fed babies to the first clinics are now bringing their second baby, who is invariably breast-fed.

The Prenatal Clinics are steadily growing—there having been double the number of prospective mothers attending the clinics in January, February and March of 1922 over the same months of 1921.

All this work would have been impossible if it were not for the physicians who have freely given of their skill and time.

When the first clinic for sick children and nutritional disorders was opened in Victoria Hospital in April, 1918, the two attending physicians of the Children's

Ward, with one appointed by the Academy of Medicine, took charge of it, and when in January, 1919, the first three Well Baby Clinics were opened, they each took charge of one. They have added to their number from time to time.

When in January, 1921, the Prenatal clinics were opened, the staff of the Obstetrical Department of Victoria Hospital took on this additional work and it is still carried on by them.

Voluntary helpers at the clinics aid in various ways, weighing and measuring babies, seeing each mother gets her turn and that no one is overlooked. Their aid is greatly appreciated and adds materially to the success of the clinics.

The Social Service side of the work has been added to during the past year by the unemployment situation.

While we are not a charitable organization, anything that affects the home conditions must necessarily affect the welfare of the children, so through the confidential exchange at the Chamber of Commerce we saw that many families were helped during their time of need.

Many kind friends send us children's clothing, both new and partly worn, which is distributed as necessity arises, and through various clubs, chapters of the I.O.D.E., Mothers' Clubs and Sunday schools, milk is distributed to those children attending clinics for whom the parents are unable to provide it.

Publications—

Advice to Prospective Mothers.

Letters to the Medical Profession.

Programmes for Child Welfare Week.

Articles in the London daily press.

THE ONTARIO FEDERATION OF HOME AND SCHOOL ASSOCIATIONS

(Affiliated with the Ontario Educational Association)

President: Professor J. A. DALE,

Organizing Secretary: Mrs. A. C. COURTICE

THE "HOME AND SCHOOL" MOVEMENT IN CANADA

THE HOME AND SCHOOL IDEA

To bring the members of the home and school together that they may become better acquainted and better able to deal with the problems of childhood and youth.

To create public interest about education and high standards of home and school and national life.

To co-operate with the forces that are stimulating international understanding and making for the peace of the world.

Ontario was the first province to organize a Federation of Home and School Associations (1919), which grew out of the Toronto Home and School Federation. The Toronto Home and School Council emanated from the Toronto Local Council of Women in 1916.

There are in Ontario two hundred and fifty Home and School Clubs doing active work along the lines of child and adult education. For the most part public opinion has been aroused to see that the school conditions are made sanitary and attractive for pupils and teachers where such did not already exist, and that the school house becomes a social centre for the neighbourhood.

Opportunities for self-expression are being increased in the schools, and playgrounds developed for boys and girls and adults. The school nurse plays a most important part in bringing about co-operation in the neighbourhood, for the care and protection of its children.

The Attendance Officer's functions have become a social element in the neighbourhood rather than that of a police officer.

AMENDMENT TO THE TRUANCY ACT

In 1918, the Toronto Home and School Council succeeded in securing an amendment to the Truancy Act, which provided that the Truant Officer should be called "Attendance" Officer, and that such officers should be appointed by Boards of Education instead of being appointed by police authority. Also, that women should be eligible for Attendance Officers. This amendment to the Truancy Act was passed by the Government in 1918 and it is proving itself valuable.

VARIOUS CAMPAIGNS FOR SUPPLYING MILK TO UNDER-NOURISHED CHILDREN IN SCHOOL HOURS

A large number of Home and School Clubs throughout Ontario have helped to establish the use of milk for school children once or twice each day during school hours.

The hot lunch in public and high schools is being urged, and one of the activities of Home and School Clubs is to secure a simple, home-like equipment for the preparation of a simple meal such as cocoa or soup, eggs or vegetables, fruit and bread and butter.

Home and School Clubs have raised large amounts of money to equip and supervise playgrounds; to teach physical culture; to buy books for libraries; to provide graphonolas with good records; moving picture machines, and pictures for the schools. They are giving prizes for public speaking, for music and for deportment. Home education committees are visiting the homes of the neighbourhood in order to become acquainted with conditions and to give counsel or cheer to those who need it most, and to stimulate intelligent understanding of the child by the parents in the home.

The Home and School movement differs from other child welfare organizations in that it gets the people of the school districts together to study their own problems and create such public opinion as is necessary to develop the physical, mental and moral health necessary to the interests of the neighbourhood. It is a child welfare movement which seeks to prevent human ills by educating for health and happiness and useful citizenship.

The Ontario Federation of Home and School Associations is affiliated with the Ontario Educational Association and holds its annual meeting during Easter week in Toronto. Its membership consists of men and women, parents and teachers, and all those who are interested in education.

In April, 1922, British Columbia, through the Vancouver Federation of Parent-Teacher Associations, organized a Provincial Parent-Teacher Federation with Mrs. J. Muirhead President, and Mrs. A. T. Fuller, 1055 Broadway, Vancouver, Secretary. The British Columbia Federation of Teachers have co-operated heartily in this movement.

Local Home and School Clubs have been formed in most of the provinces of Canada and preparation is being made for a national Federation of Home and School Associations.

MILK FOR SCHOOL CHILDREN

Parents, teachers, children, physicians and nurses testify to the good results of milk rations in the Toronto schools. The total number of children receiving milk in the public schools is 7,020. In ten schools selected for examination, where 664 children are being supplied, the average increase in weight has been appreciable. In three of these schools where the ration has been given since November the average gain has ranged from 3 to 3½ pounds, and in one, where it has been given since September, the average gain has been 5 pounds 6 ounces. In the latter school 17 pupils out of 126 have been brought up to normal weight.

Nearly all the milk consumed by the pupils is paid for by their parents, but in the ten schools referred to 173 poor children are not being charged, and 491 others pay from one to six cents for milk costing six cents. The deficit is borne by the Home and School Council of Toronto, and amounts to about \$25 for each school day. The funds for the purpose have been exhausted, and the council asks that the city provide the money for the remainder of the school term.* Unless the request is granted it may be impossible to continue the good work, and many under-nourished children will pay the penalty.

The system of milk distribution in the schools is protected against abuse. Before a pupil is given milk free or partly free the school nurse visits the home and satisfies herself that the parents are unable to pay for it. Many children go to school without a nourishing breakfast, and are not in a fit condition for study. Teachers and nurses report that the milk ration served in the middle of the morning time has an extraordinarily bracing effect in these cases. On educational as well as on physical grounds the distribution should be maintained. It would be a reproach to the community if it permitted boys and girls to suffer in health and mind for want of a small sum for the purchase of milk.—*Press Report.*

DEPARTMENT OF THE PROVINCIAL SECRETARY

Minister: Hon. H. C. NIXON

Deputy Minister: Mr. F. V. JOHNS

Superintendent of Neglected and Dependent Children: Mr. J. J. KELSO

NEGLECTED AND DEPENDENT CHILDREN

Although orphanages and other institutions for neglected and dependent children were established in Ontario, and in Toronto, comparatively early in the history of the province and city, and although many of these institutions have an honourable record of service done, still there were many neglected children who needed care and kindness and protection. The name of Mr. J. J. Kelso will always be associated with this work. He made the cause of these children his own. In the Police Court and on the street he saw and felt their need. The following incident, quoted by Canon Quartermaine, Honorary Secretary-Treasurer of the Ontario C.A.S.A., refers to this:

"The scene was on Yonge Street, Toronto, one cold night in November, 1886—two shivering and crying children were met, a brother and sister—"they were afraid to go home" they said, for they had only fifteen cents and they had been promised a whipping unless they collected at least 25 cents. Begging that night was not as good a business as usual. What was to be done with them? "Poor little wretches" the crowd said and passed on. Nearly two hours

* This request was granted by the City Council for 1922.

was spent in vainly trying to get them into some institution, until at last the Salvation Army Shelter for casuals agreed to take them in. 'In that hour the idea of the Children's Shelter was born.'

Enquiry proved that the parents were hopelessly given over to drink and general depravity, and that moral considerations found in them no sympathetic response. They were summoned to Police Court for 'neglect,' but such a thing as removing children from the control even of the worst of parents was not then in vogue; they took the children home with them and the begging continued. In due time the boy was sufficiently advanced in crime to be sent to the reformatory—the sister was also in time sent to Mercer Reformatory—not only a hopeless case herself but the ringleader and destroyer of many companions".

At a meeting of the Canadian Institute on February 19, 1887, Mr. Kelso made a public address and appealed for an organized effort to help neglected dependent children.

The first act for the protection of such children was prepared by Mr. Beverley Jones, and, receiving the sympathy and support of the Premier, Sir Oliver Mowat, the Provincial Secretary, Sir John Gibson, and others, was passed in 1888. It authorized the appointment of a special Commission to try youthful offenders in a separate Court, and provided that neglected children might be committed to any Institution or Society willing to receive them.

The Children's Protection Act of Ontario was passed by the Legislature in the session of 1892-93.

It provided for the appointment of a General Superintendent to organize and direct child protection work throughout the province. Mr. Kelso was appointed Superintendent on the passing of the Act.

The two main principles adopted were to prevent cruelty to or ill-treatment of children, and second to find a place in some good family circle for each homeless or dependent child.

The method followed was to organize a Children's Aid Society in each large city and one in each county. When the Act was passed there was but one society in existence, but gradually one society was organized after another until to-day there are some fifty-six societies actively engaged in the work.

To bring this about hundreds of public addresses were given, many newspaper articles written and about half a million copies of various leaflets on child care distributed freely throughout the country. This created a strong public sentiment, without which the work would not have been possible.

The Children's Aid Societies are composed of leading citizens, the executive of each society numbering on an average from 20 to 40, the aggregate number of these volunteer workers in all parts of this province would be from 1,500 to 2,000.

Each society is a branch of the central Government office and acts under one constitution but is independent so far as the local work is concerned.

There is a paid officer of the Children's Aid Society in each county. His salary is made up from Government, municipal and private contributions. The Government's payment to each society is \$50 per month and travelling expenses of Inspector when visiting wards, but the municipality makes a grant to the society from which the balance of salary is made up. These officers work partly under the direction of this central Government office and also under the direction of the local boards.

A Children's Shelter is maintained in each county, designed to accommodate not more than ten or twelve children and made as simple and home-like as possible. These Shelters take the children who come under the care of the society and every effort is made to get them into good homes as soon as possible.

During the past thirty years over 20,000 children have been placed in homes.

As the children soon grow into men and women there are about 10,000 who have graduated as citizens and not more than one per cent have failed to do well. The

reason for this is they are brought up in decent moral homes where they learn to partake of the ordinary experiences of the family and become self-supporting in a most natural way. The majority are in country homes where the varied employment of the farm makes them good workers and gives them a general knowledge of how to use their hands and heads. In addition, children have been given special educational advantages by foster parents without one dollar of expense to the state. It has been found that foster parents are willing not only to maintain the children, but to pay their hospital bills and other unusual expenses. The society tries to get brothers and sisters into the same home and sometimes three children are adopted by one family without receiving any financial recompense.

Agreements.—A very simple agreement is made under which foster parents can return the child at any time on two weeks' notice, though it is the wish and desire of the society that the child remain with them for many years. The society reserves the right to make agreements for wages after the boy or girl is fifteen or sixteen and is giving a good deal of service in the home or on the farm. At the present time the organizations have in trust for children about \$82,000. This is paid out to them as they come of age or get married.

Expenses.—Benevolent subscriptions constitute the bulk of the societies' funds. In one month, for instance, notice was received of several bequests to the Children's Aid Societies, amounting in the aggregate to about \$20,000. This is a frequent occurrence. The Government maintains the central office at a cost of about \$25,000 per year, and gives in contributions towards the salary of the local agents an aggregate amount of \$45,000 per year to help the outside work. The municipalities are in hearty sympathy with the society and make grants each year of from \$500 to \$3,000. In some cases they entirely support the Children's Shelter.

Supervision of Children.—In addition to the general oversight of the central office, children in foster homes are regularly visited by the County Inspector. He is furnished with a list of all children placed out in foster homes in his territory, and he sends to the head office a report of each visit, a copy of which is in return sent to the society holding the guardianship of the child, so that they may know exactly how their wards are doing and be encouraged and inspired by the splendid reports of happiness and progress.

REPORT OF THE SUPERINTENDENT FOR 1921

Abstract

During the year 1921 there were 936 children made wards of societies, and of the twelve thousand wards on record at the central office, 459 were for various reasons released from future supervision, leaving a total of 11,500 subject to continued care and oversight. During the year 7,847 were visited by the various inspectors, while in other cases, owing to the excellent homes and existing satisfactory conditions in which these children live, personal visiting was not thought necessary. Since the inception of the Children's Aid Society the total number of children made wards by legal order is 18,900, with over one thousand others provided with homes on request of relatives.

The different societies have in trust for their wards in savings bank accounts the large sum of \$82,464.57, wages saved by the young people, the amounts ranging from \$5 to \$500.

OTHER BRANCHES OF WORK

In addition to the Children's Protection Act, the following important branches come under the supervision of the Superintendent of Neglected Dependent Children of Ontario:—

- Industrial schools,
- Juvenile courts,
- Legal adoption of children,
- Protection of children of unmarried parents.

CHILDREN OF UNMARRIED PARENTS

This Act was passed by the Ontario Legislature in the session of 1921, Mr. J. J. Kelso being appointed Provincial Officer in July, 1921. A summary of the Act is as follows:—

1. The Provincial Officer, with such assistance and deputies as he may require, is placed entirely in charge of the protection of the children of unmarried parenthood throughout the province. All expenses of the administration and enforcement of the Act will be paid out of the revenue of the province.
2. All hearings are to be in camera.
3. The Division Registrar of the division must notify the Provincial Officer of the birth of every child born out of wedlock so registered, or of every birth registered in such a manner as to suggest that the parents were not married. The Provincial Officer thereupon is required to take such proceedings as he thinks advisable in the interests of the child.
4. Proceedings for affiliation may be started by any one of several designated parties which include the Provincial Officer, the mother and relatives, the social agency or friends.
5. These proceedings must be started within a year after the birth of the child, or within a year after the doing of any act on the part of the putative father which affords evidence of acknowledgment of paternity. If the father has been absent from the province for the year following the birth of the child he may be proceeded against within one year after his return to the province.
6. The father is made liable for the expense of maintenance, care, etc., of the mother for three months preceding, and as long after birth as the Medical Officer of Health may certify is necessary, also a weekly maintenance grant for the child until the child is sixteen years of age.

This work, while not yet fully organized, has already shown very satisfactory results. About 800 cases have been taken up for investigation and action and about \$40,000 collected from putative fathers for the relief of the unmarried mother and her child.

ADOPTION OF CHILDREN

Under the Act passed last year, providing machinery for the legal adoption of children, nearly 600 applications have been received, and of these about 420 children have been legally adopted by order of the County Judge on the certificate of the Provincial Officer.

RECENT LEGISLATION

Among the amendments made to the Children's Protection Act during the session of the Ontario Legislature of 1921-22 is one that provides that the court of summary jurisdiction in the present law is to be extended so as to include a Juvenile Court. The definition of a neglected child is more widely defined by the adding to the present wording of the words "or a habitual delinquent or incorrigible."

At the present time a neglected child, in regard to desertion, must have been deserted by both parents. The new act sets forth in this regard, "who is deserted by either parent and the other is unable to maintain the child."

The local officers of a Children's Aid Society are now to be called local superintendents. When a child is ordered by a judge to be delivered to a Children's Aid Society, the society may send the child to its temporary home or other suitable place, to be kept until put in a foster-home. The present law states that the expense of conveying a child to any shelter is to be borne by the municipality in which such child is committed. This is changed to have the expense borne by the municipality in which the child is domiciled.

Municipalities are given power to pass by-laws for the levying of necessary amounts to comply with any obligation imposed upon them by the act or aiding in any other way a Children's Aid Society.

When a child is ordered to be sent to a shelter a copy of the order is to be sent to the municipality liable, and unless within one month the municipality objects it is stopped from denying liability.

The Children's Aid Society, to the care of which a child has been committed, shall be the legal guardian of such child until such child is 21 years of age, unless sooner renounced by the society, with the approval of the superintendent. Any parent who ill-treats, neglects, abandons, deserts or fails to support his or her child is subject to a penalty.

No child is to engage in any street trade between the hours of 10^o p.m. and 6 a.m. This clause, taken with the former one in the original bill, means that no boy between the ages of 12 and 16 is to engage in such trade, except within the hours specified. Girls under 16 years of age and boys under 12 are prohibited from engaging in street trade at any time.

Every local superintendent of a Children's Aid Society, for the purpose of the act, is vested with the powers of a peace officer, and of a school attendance officer under the School Attendance Act. Any society may furnish temporary shelter with the consent of parents or guardian and charge the municipality with the maintenance at a rate not exceeding one dollar a day, on the written requisition of the mayor or reeve of such municipality.

The minimum amount per day for which a municipality can be assessed with for a child which is committed to a Children's Aid Society by a judge is to be 75 cents, instead of 50 cents.

PRINCE EDWARD ISLAND

DEPARTMENT OF AGRICULTURE

Minister: Hon. WALTER M. LEA

Superintendent of Women's Institutes: MISS BESSIE CARRUTHERS

The Women's Institutes take a great interest in all matters pertaining to Child Welfare. The Superintendent, Miss Carruthers, has recently been appointed to this important position. In some of the rural schools hot lunches are supplied through the activities of the Women's Institutes.

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: Hon. JAMES JOHNSTON

JUVENILE COURTS

The Stipendiary Magistrate and Recorder of Charlottetown and Charlottetown Royalty, Judge J. K. Martin, has charge of the duties of Judge of the Juvenile Court.

Mr. Shaw is the Probation Officer, and his salary is paid by the Government.

Dr. McMillan, vice president of the Children's Aid Society is Medical Examiner to the Court.

NEGLECTED AND DEPENDENT CHILDREN

The Children's Aid Society carries on work for Neglected and Dependent Children.

The Seduction Act provides that the sum of \$200 shall, under the provisions of the Act, be given to the unmarried mother.

LEGISLATION

An Act relating to Immigrant Children, 1910.

An Act for the Protection of Neglected and Dependent Children, 1910.

An Act regarding the Adoption of Children, 1916.

DEPARTMENT OF EDUCATION

Chief Superintendent of Education: Mr. R. H. ROGERS, M.A., B.C.L.

School attendance is provided for under the Public School Act, 1920, sections 95 and 96, amended by Statutes of 1921 Ch. 3, Sect. 17, 20, as follows:—

95. Every person having under his control a child between the ages of seven and thirteen shall during the continuance of such control send such child to some public school in the city, town or school district in which he resides every month for at least sixty per cent of the days on which such public school is in operation; and for every neglect of such duty the party offending shall forfeit to the use of the trustees of such city, town or district, a sum not exceeding twenty dollars; but if it appears upon the inquiry of the Inspector or upon the trial of any prosecution that the party so neglecting was unable by reason of poverty to send such child to school,

or to furnish him with the means of education or that such child has been otherwise furnished with the means of education for a like period of time, or has already acquired the branches of learning taught in the said school, or that his bodily or mental condition has been such as to prevent his attendance at school or application to study for the period required, or that the conditions of weather or travel have rendered it impossible for such child to attend school during such period, then the penalty before mentioned shall not be incurred; provided when any person shall have been convicted under this section, no further prosecution shall be brought against him during the same school year for a default in respect of the same child without the consent in writing of the Chief Superintendent of Education.

School Hygiene.—This is provided for by the general regulations of the Board of Education and under the supervision of the Inspectors.

Play and Recreation.—In some schools the teacher has special charge of supervising games and recreation. In Summerside school playgrounds there are lawn tennis and other sports through the efforts of the teachers themselves.

MEDICAL INSPECTION OF SCHOOLS

The city of Charlottetown has medical inspection of schools. In 1921, the provincial Red Cross offered to carry on their Peace Time Programme in the province, giving special attention to the medical inspection of schools. Three nurses are now employed by the Provincial Red Cross and the Government has given permission to the nurses to enter any school and make examinations.

"Living in a community largely rural, many of us were overwhelmed and bewildered at the thought of beginning public health work. Miss Amy MacMahon, however, who has come to us after five years' service overseas, is enthusiastically starting us on the peace-time programme of the Red Cross Society. She has grasped the significance of beginning with the children and at present she is putting all her energy into work among the school children. Important and necessary as 'medical inspection of schools' is, we gather how the children have dreaded it and how the parents have often resented it. I have heard Miss MacMahon in her breezy, friendly way, give her health talks to children. She takes it for granted that their ideal is a strong, healthy body, and before she has finished her first talk there is not one little one—or big one either—who is not filled with zeal to be physically fit and to be A1 Canadians. 'Hygiene' has always been one of the most boring subjects taught in the school. Soon good health habits, physical fitness, measuring up to weight, become the subjects for discussion among the groups of girls and boys, as one catches a word or two in passing.

"After general health habits have been discussed in a grade, Miss MacMahon, with an assistant, weighs and measures the children and talks to each individually on his or her special needs. Finally, after this preliminary though most important work is done, the specialists visit the school for examination of ear and eye, nose and throat. Each child is also stripped to the waist and thoroughly examined by a physician, word being sent to the parents asking them to be present at this final examination or to send a note if there is anything to which they wish to draw the physician's attention. Notifications are then made out for the parents stating any defect that may be found and stressing the importance of having the defect corrected.

"Follow-up work is carried on and Health Clubs organized, while talks are given to parents, through Parent-Teachers' Associations and Women's Institutes."

The Canadian Public Health Journal.

The Red Cross Society has also a Children's Welfare Department and has established a Clinic in Charlottetown for children of pre-school age, mothers and expectant mothers.

There is a Child Welfare Clinic at the Annual Provincial Exhibition in Charlottetown.

QUEBEC

DEPARTMENT OF AGRICULTURE

Minister: HON. J. ED. CARON, LL.D.

Deputy Minister: M. J. A. GRENIER, B.A.

Much important work for Child Welfare is done by the "Cercles de Fermières," who have 5,400 members, divided into 72 rural and village associations. Each association organizes an annual Mother's Day and many Child Welfare Days, and this organization includes contests relating to: 1, Large families; 2, Perfect Health of children; 3, Physical and moral culture and education, and elementary instruction. These associations are recognized by the Department of Agriculture.

The following officials of the Department have charge of matters relating to Child Welfare:—

Mr. A. Desilets, B.S.A., Director of the Cercles de Fermières and of Household Economics, Department of Agriculture, Quebec City.

Mrs. R. Lacroix, D.E.M., official teacher, in charge of the Child Welfare, Department of Agriculture, Quebec.

All Household Schools affiliated to Convents and to Young Women's Academies, under the supervision of Rev. Olivier Martin, St. Denis (Lower) Kamouraska.

Travelling Schools of Domestic Economy, under the Department of Agriculture of the Province of Quebec. Six female teachers. Two hours of puericulture per week. Directed by Misses Eveline LeBlanc and Alice Duval.

The following institutions which carry on work for Child Welfare, are also recognized by the Department of the Provincial Agriculture.

Provincial Household School, Montreal. Superintendent: Miss Jeanne Anctil, 133 Ontario West, Montreal.

Classico-Household School, St. Paschal of Kamouraska. Superintendent: Rev. A. Beaudet.

Household School of the Reverend Ursulines Sisters, Roberval, Lake St. John.

Municipal Household School, Grand'Mère, Que. Superintendent: Miss Jeanne Pelletier.

Household School, St. Martine, Chateauguay, Que. Superintendent: Mgr. P. Allard, parish priest.

Household School, Montebello, Labelle, Que. Superintendent: A Reverend Sister of the Convent.

Household School, Sutton, Brome, Que. Superintendent: A Reverend Sister of the Convent.

St. Justine Hospital, 1879 St. Denis, Montreal, Que.

The following organizations are supervised and directed by members of the clergy, brothers, sisters and patronesses, with the assistance of local physicians:

The Agricultural Orphanage of Vauvert, Lake St. John, Que., receives young and distressed children, and educates them in view of making agriculturists and settlers out of them. Superintendent: Rev. Brother Director; 75 pupils.

D'Youville Orphanage (for children from 4 to 14 years), 250 pupils. Directed by the Grey Nuns, 2 Richelieu street, Quebec city.

The Good Shepherd Infant Asylum, St. Patrick street, Quebec city. The Children's Home, St. Foy road, Que.

St. Sauveur Orphanage, 120 children. Superintendent: Rev. Sister St. Josaphat, 182 Colomb street, Quebec city.

The Agricultural Orphanage, St. Damien, Bellechasse, Que. Directed by Rev. Brothers of Notre-Dame des Champs. Has been founded for the making of agriculturists. Forty pupils.

The Colonization School of Lake Sergent, Que. Directed and protected by the National League of Colonization, 39 St. John street, Quebec. Twenty-eight pupils.

Dom Bosco Refuge, for children from 5 to 16 years. Twenty-five pupils. Director: Rev. Father A. Philippon, 16 Des Prairies street, Quebec city.

It is impossible to determine the amount of money granted to or expended by all these welfare institutions. Some of them are partially subsidized by the Provincial Government; others are public charitable institutions, and some are under the control of municipal authorities.

THE WOMEN'S INSTITUTES

Superintendent: Miss E. M. ROACH

The Women's Institutes, working in the rural districts, have problems in child welfare work quite different from the workers in the cities. Up to the present, although all are working towards the same ideals, each branch institute has devoted its energies chiefly to helping the children of its own immediate vicinity. Some contributions to worthy institutions outside are also made to the Children's Memorial Hospital, Montreal, Girl's Cottage Industrial School, etc.

A great deal of work has been done for the improvement of conditions in the rural schools. Some branches have been the means of having medical inspection in their schools. Other schools have been visited by members of the Women's Institutes and, through their influence unfavourable conditions in the school have been reported and thus remedied.

Numerous Women's Institutes have provided hot cocoa or hot lunch for the school children at the noon hour. Others have supplied city schools and poor families with milk. Schools were furnished with sanitary drinking fountains, prizes offered in the schools and school fairs, and money expended in various ways to improve the conditions in the schools. Meetings have also been held to bring some of the school problems before the people.

In addition to the work in connection with the schools, institutes have assisted in having needed operations performed upon children. In one instance, a member loaned her home which served as a hospital.

Layettes have been made for many babies and necessities provided for children in need. Boxes of clothing and comforts have been sent to institutions, and contributions made to their funds.

The Institutes are also seeking to educate public opinion as to the necessity for child welfare work. Meetings are held and addresses given, and the literature provided by the Provincial Board of Health and the Department of Health at Ottawa, is distributed.

PUBLICATIONS

Handbook for the use of Women's Institutes of Quebec Province.

Annual Report of the Women's Institutes of Quebec Province.

Published by the School of Household Science, Macdonald College, with the assistance of the Department of Agriculture, Quebec.

THE DEPARTMENT OF THE ATTORNEY GENERAL

Minister: HON. L. A. TASCHEREAU, K.C.

Deputy Minister: M. CHAS. LANCTOT, K. C.

Juvenile Courts.—There is only one Juvenile Court in the Province of Quebec, at Montreal, with jurisdiction for the City of Montreal only. This Court is presided over by Judge F. X. Choquet who resides at 814 Dorchester West, Montreal. Probation Officers are four in number, viz: for Catholic children: Mademoiselle Marie Mignault and J. E. Poirier; for Protestant children: Miss Chillas; for Jewish children: Mrs. Siegler.

Medical Examination.—Medical examination of children, both physical and mental, is made by Dr. Mundie for Protestants, and by Dr. Benoit for Catholics.

Legislation.—Quebec Revised Statutes, Sections 4031, 4032, and following, as amended by 3 George V, Chap. 39, Quebec, are in force in regard to the care of Neglected, Dependent and Delinquent Children.

Mothers' Allowances and Maternity Benefits.—There is no legislation in regard to Mothers' Allowances and Maternity Benefits, but in Montreal there is an Association known under the name of Maternal Assistance, of which Mrs. Hamilton, 595 St. Denis, is the Supervisor. This Association renders eminent services, monetary and otherwise.

Statistics.—Statistics concerning the Juvenile Court are sent every year, during the month of January, to the Department of the Attorney-General, Quebec.

For further information see the Quebec Public Assistance Act, Chapter 79, 11 George V, 1921, page 280.

THE BOARD OF HEALTH OF THE CITY OF MONTREAL

Medical Officer of Health: Dr. S. BOUCHER

Superintendent of the Division of Child Hygiene: Dr. EUGÈNE GAGNON

DIVISION OF CHILD HYGIENE

DIVISION OF INFANTILE HYGIENE

The staff or personnel of this division is composed as follows:—

- 1 Medical superintendent,
- 1 Medical chief inspector,
- 1 Head nurse,
- 3 Clerks,
- 10 Medical inspectors giving their whole time,
- 7 Medical inspectors giving partial time,
- 1 Dentist,
- 35 Nurses,
- 4 Assistant-nurses for Child Welfare centres and Well Baby clinics.

Their time is divided between the following activities:—

1. Medical inspection of schools.
2. Child Welfare Centres, Well Baby Clinics.
3. Maternal consultations.
4. Little Mothers' Leagues.

During the summer, all the personnel is busy fighting infant mortality. Six temporary stations of consultation or Child Health Centres are opened in schools, besides the two Babies Camps in public parks.

The Division of Child Hygiene was organized in August, 1918, and the following statistics are for calendar years, 1919, 1920, 1921.

PART I—MEDICAL INSPECTION OF SCHOOLS

TABLE I.—GENERAL REMARKS

	1919	1920	1921
Number of schools inspected.....	237	238	240
" pupils inscribed.....	112,063	112,784	112,893
" " examined.....	80,411	80,408	80,610
" " defective (without counting dental decay).....	25,651	28,065	31,073
" " suffering from dental decay.....	33,704	43,067	42,094

TABLE II.—RESULT OF INSPECTION

Diseases or Defects of	1919	1920	1921
Skin.....	3,312	4,073	4,237
Dental decay.....	33,704	43,067	42,094
Lymphatic system (nose and throat).....	10,694	15,998	16,285
Eyes.....	5,789	7,800	7,804
Ears.....	1,039	1,232	1,597
Nutrition.....	3,799	4,622	6,123
Lungs.....		101	443
Heart.....		116	855
Nervous system.....	475	500	692
Bones and joints.....	253	283	763
	59,065	77,792	80,893

TABLE III.—WORK OF NURSES

	1919	1920	1921
Number of Nurses (1).....	18	36	36
" visits to schools.....	9,651	15,544	13,291
" " at residence.....	5,123	11,145	15,164
" children examined.....	149,872	239,809	348,578
" miscellaneous treatments.....	27,181	56,647	51,078
" exclusions from school.....		1,994	2,790
" readmissions.....		1,232	3,550

(1) The number of Nurses was gradually increased, during the year 1919, to 36.

PART II—HYGIENE OF THE NURSLINGS

TABLE I.—CHILD WELFARE CENTERS AND WELL BABY CLINICS

	1919	1920	1921
Number of Well Baby Clinics.....	12	18	18
" inscribed children.....	2,129	3,387	3,783
" attendance at consultations.....	11,403	23,001	32,114
" home visits.....	10,486	14,323	15,132

CHILD WELFARE IN CANADA

TABLE II.—BABIES CAMPS

—	1919	1920	1921
Number of Camps.....	1	2	2
" inscriptions.....	250	532	636
" attendance at consultations.....	679	860	1,107

TABLE III.—MATERNAL CONSULTATIONS

—	1920	1921
Number of inscriptions.....	41	101
" attendance at consultations.....	85	167

TABLE IV.—LEAGUE OF LITTLE MOTHERS

—	1919	1920	1921
Number of groups.....	12	15	15
" members.....	543	589	695

TABLE V.—CHILDREN'S BOARDING-HOUSES AND PRIVATE MATERNITIES

—	1919	1920	1921
<i>1. Children's Boarding-Houses</i>			
Number of Boarding-Houses.....	46	68	93
" children in boarding-houses.....		607	459
" visits to boarding-houses.....	803	775	933
" " institutions.....	20	2	53
" inquiries.....	34	351	284
<i>2. Private Maternities under Supervision</i>			
Number of Maternities.....		5	7
" visits.....		42	63
" inquiries.....		43	17

MONTREAL AS A CENTRE OF UNIVERSITY AND HOSPITAL

WORK IN PEDIATRICS AND CHILD WELFARE

(Contributed)

Comparison is not possible between the educational facilities and child welfare activities in Quebec and other provinces of Canada. For example in Ontario, Toronto represents public and government ownership at its best. In Quebec, on the other hand, Montreal stands for private initiative. Toronto has a provincial university and McGill is maintained by voluntary gifts. For the French Canadian in Quebec child welfare activities originally were inspired by the Roman Catholic Church and have more lately been encouraged by the Provincial Government and civic health boards. Real progress is being made. The numerical minority (English Canadians) also are doing a great deal under the leadership of the Montreal Child Welfare Association.

In university and hospital circles education in diseases of children is considered seriously and the problem is being attacked with enthusiasm. Recently in McGill undergraduate teaching has been improved by an increase in the number of hours allotted to it, and to-day its medical undergraduates in their final year receive instruction of a high order. The number of institutions in Montreal in which instruction in diseases of children is given, is large. This is inevitable in Montreal with its two languages, and two old universities, and while there are certain disadvantages in this fact, it may be stated that the more important institutions are in the near neighbourhood of the teaching centres, and it is hoped that the individuality of the institutions may improve instruction and broaden the teaching, and may make it possible for teachers to develop along more original lines. A system of teaching such as this is perhaps more difficult to operate; when well established, however, it should afford unrivalled opportunities for education and instruction.

All the teaching of diseases of children in McGill university is at present under the direction of the Professor of Pediatrics. The undergraduate teaching in the final year is divided into trimesters.—(1) Medical. (2) Surgical. (3) Obstetrical and specialties.

During the medical trimester instruction is received in paediatrics in either the Royal Victoria or Montreal General Hospital. This instruction is in the nature of theatre clinics, ward rounds and reporting cases in the wards and out-patient departments.

During the "obstetrical and specialty" trimester, instruction is received at the Montreal Maternity Hospital on the care of the newborn and on diseases incident to this period. In the out-patient department the management of breast feeding is carefully considered by the teacher. The Foundling and Baby Hospital is utilized for a series of demonstrations on such subjects as, growth and development, feeding of normal children during the first two years, difficult feeding, minor infections, preparation of artificial foods, proprietary infant foods, etc. Contagious diseases are included in the department of medicine and at the Alexandra Hospital excellent instruction is given in these diseases.

At the Children's Memorial Hospital during the summer months a voluntary course is given to a selected number of students who have successfully passed their fourth year.

Special clinics.—On Saturday mornings a special clinic is held at the Montreal General Hospital for undernourished children of the pre-school age and at the Children's Memorial Hospital on Friday mornings heart cases are treated by the group method.*

Post-graduate Facilities.—Monthly clinico-pathological conferences are held at the Children's Memorial Hospital. Interesting cases are shown and discussion is invited. These conférences are planned primarily for the busy practitioner with an idea of keeping before him some of the more recent advances made in the study of diseases of children. Internships are offered in the various hospitals. A special laboratory, for the study of diseases of children, has lately been opened at the Royal Victoria Hospital.

The department of Pediatrics of McGill University is made up of men trained in various centres such as London, New York, Baltimore, Boston, St. Louis, Vienna and Berlin. It is hoped that by them a school of pediatrics is being created which will exert a well balanced and stimulating influence on the study of all forms of disease met with in early life.

* Opened October 1, 1921.

VOLUNTARY CHILD WELFARE ASSOCIATIONS IN MONTREAL

Montreal, the largest city in Canada, has always been distinguished for the number and the success of its Voluntary Associations for Child Welfare and the initiative shown in Child Welfare work by other associations, such as the Women's Club and the Women's Canadian Club. The former had a great deal to do with the establishment of Medical Inspection in the Schools of Montreal, in 1907, and the latter in 1920; devoted one of its meetings entirely to an address on Child Welfare.

Moreover, in 1912, the first Child Welfare Exhibit in Canada was held in Montreal. This was a wonderful Exhibit, alike in its organization, extent and educational influence. It was one of the great events in the history of Child Welfare Work in Canada.

THE CHILD WELFARE ASSOCIATION

Director: Miss V. MAY MACDONALD

Under the name of the "Baby Welfare Committee" this Association was incorporated in 1916. It is now known as the Child Welfare Association. Its programme is,—

Better pre-natal care.

Skilled care at birth and convalescent care.

Complete birth-registration.

Breast feeding.

Health supervision of mothers and children, including their proper nutrition.

A safeguarded milk supply.

Periodic examination of school children, properly conducted, for the early detection and correction of defects.

Co-operation in every possible way with other organizations working to better the conditions of mothers and children.

Through organized effort, to create a live public sentiment in favour of state and municipal interest in child conservation.

The accumulation of information concerning child welfare and making same available to all interested through publicity.

The holding of Annual Child Welfare Exhibit and Conference in Montreal, with provision for free loan of our Travelling Health Exhibit and films.

The association has, since its foundation, organized an annual "Child Welfare Week and Exhibit," the fifth of these being held May 15-21, 1921.

Many special features were arranged for during the week, including a "Mothering Survey" by the Victorian Order of Nurses, a "Prize Poster Contest" and a "School Demonstration."

The objects of this annual exhibit and widespread campaign are briefly two-fold:—

1. To provide an opportunity for parents of Montreal and the province at large to learn the most important facts concerning child care.

2. To bring home to the community at large a knowledge of the facts and figures concerning our unnecessary infant morbidity and mortality, and a demonstration of the measures by which protection may be afforded this invaluable community asset.

Sunday, May 15, was "Child Welfare Sunday" in the churches of Montreal.

Nursing by the Mother.—One of the chief efforts of the association, in all its child welfare centres, has been to increase the number of babies nursed at the mother's breast until the baby is at least nine months of age. This work, in co-operation with the family physician, has been most successful.

Work of the Milk Committee.—The association, through its Milk Committee, gave a demonstration in the Public schools for three months.

The following is an abstract of the Report of the Committee:—

"During the three months demonstration in the schools, the aim of the Milk Committee was to show the great value of milk as a food for children and in particular as a help in improving the health of the undernourished child. A week or so before the commencement of the demonstration it was decided, at the request of the Child Welfare Association, to add nutrition to the programme. This could only be done in a limited way to begin with, owing to a variety of causes.

"The schools in which the demonstration was carried out were seven in number and in all 150 children were dealt with. The two school boards, Catholic and Protestant, chose the schools and provided money to pay for the scales which were used.

"The school doctors and nurses spared neither time nor trouble and it need hardly be said that without their aid the work could not have been carried on at all. The doctors examined and weighed the children and were always ready with help and advice and the nurses made a large number of home visits in addition to their regular work, as well as helping in other ways.

"The General, St. Justine, Western and Children's Memorial Hospitals and Montreal Dispensary all assisted by doing tonsil and adenoid operations when recommended by the school doctors and in most cases did this free of charge, though whenever possible the parents were encouraged to pay at least a little towards the cost. Teeth cases were dealt with at a special clinic at the General, St. Justine, the Institut Dentaire de Laval and the Griffintown Clinic.

"The Committee were anxious to obtain permission for a twenty minutes rest for the children who were having the milk, at least after the morning half pint, but it was only found possible to arrange this in one school, the Laurier. There the results obtained have amply proved the value of this rest, as the children have all gained about 36 pounds more than the normal. One boy alone whose tonsils were removed early in March, gained more than 10 pounds. The teachers have found that the children receiving the milk and buns have been more attentive and more easily managed, and so far as can be ascertained, no falling back has been found in study, even in those children who have lost time in class owing to rest.

"In several of the schools parents have been invited to come in on weighing day and ask any questions, etc. They have been most interested and anxious to help.

"The milk, provided free by the five milk dealers, has been of excellent quality, and needless to say all pasteurized. The buns have also been much appreciated, and were provided by five bakers.

"The committee feel the results would have been still better if the demonstration had not taken place in the spring, as Easter holidays, longer hours of daylight and change of residence, and the consequent loss of regular meals and sleep, extra work for example and lighter clothing all tend to diminish the weights.

"One hundred and fifty pints of milk and 150 buns have been served on every school day."

Child Health Survey.—A "Health Mobile" was presented to the association, and in 1920 this was used in a rural Child Health Survey, carried on by the staff of the association in the province of Quebec, which had important results.

Publications.—The association has published numerous papers and pamphlets, one of the most recent being "Child Health Studies in Montreal and the Province of Quebec."

GOUTTES DE LAIT

The Parish Milk Stations, French Section, are united in a general association to combat infantile mortality, directing the alimentation of nurslings, during the first two years, through a regular service of free consultations. Each Goutte de Lait constitutes a Local Committee having its own administration. The work of this Committee is directed by a single Office which takes the name of Head Office. This Head Office comprises a personnel of 15 Members-Directors; of 8 Members-Fondators and of 7 ordinary Members elected, at the Annual General Meeting, by the Delegates of the Local Committees. The Directors have the right to choose an Executive Committee which, for 1922, is composed as follows:—

President: Dr. J. E. L. Miller.

Vice-President: Dr. A. M. Cholette.

Secretary-Treasurer: Dr. L. Lamoureux.

The Head Office organizes the Local Committees and supervises their working. The Head Office and the Local Committees are governed by a Constitution and by Regulations which determine their respective powers and duties.

The Resources are Cash subsidies from the Provincial Government, from the City of Montreal and certain organizations.

The Local Committee is constituted by all the persons who get together in view of establishing a Goutte de Lait. The Committee assumes the name of the Parish where it is established. The Local Committee is composed of a President, a Vice-President, a Secretary-Treasurer, two Directors, a Chaplain, a Physician and a Nurse, the last two being chosen by the Committee. The *Physician* directs personally or through his assistants all consultations given at the Dispensary. The *Nurse* must be present at the Goutte de Lait during the days and at the hours designated by the Committee. The Nurse enters in a register the names of all children who are newcomers at the Establishment, and all other required information.

The Dispensary is open for all the needs of the Committee. All children who are under two years of age are admitted thereto without any distinction of race or of creed. The weighing is compulsory three times a week. The physician's consultation covers the necessary advice to insure a rational direction concerning nutrition and explains how to avoid suralimentation. Moreover, the same consultation deals with diseases caused by alimentation and by erroneous nutrition; it deals also with health instructions which encourage the mother to nurse her child and with general advice concerning a better development of the child. The consultation is given daily during the months of June, July, August and September, and is given three times a week during the other months of the year. From June to October, a great Summer Contest is organized. Numerous awards are given to the babies who participate in this contest, for assiduity, good health and thriving.

The Head Office directs and supervises 15 Gouttes de Lait Paroissiales (Parish Milk Stations).

"The activities of the Goutte de Lait are amongst the most commendable which exist in our province. We have succeeded, in the relatively short period of 8 years, to reduce the rate of infantile mortality in a very appreciable way. In our consultations, the rate of infantile mortality was 7.5 in 1914. It is, in 1922, only 2.3."

Year	Inscription	Average	Deaths	Average	Consultations	Average by child	Visits
1919	4,392	219.6	207	4.5	44,364	10.1	10,124
1920	4,028	251.7	112	2.7	47,203	11.4	10,256
1921	4,768	298	124	2.6	62,518	13.1	11,179

THE HEALTH DEPARTMENT, CITY OF QUEBEC

Director and chief officer: Dr. C. R. PAQUIN

Asst-Director: Dr. Jos. GOSELIN

Annual Report—Abstract

INSPECTION OF SCHOOLS

Dr. C. R. Paquin.

Dr. Jos. Gosselin.

Misses Raymond and Murphy, Lady Inspectors.

PUBLIC MUNICIPAL ASSISTANCE

Help to poor and derelict children—orphans.

HYGIENE OF CHILDHOOD

Clinic for babies.

Educational lessons, verbal or through special literature distribution of pamphlets, among the families, in the schools, in the public at large.

Healthy condition of milk.

Advice to mothers in public lectures.

HYGIENE OF THE SCHOOLS

Medical inspection of schools.

Dental clinic.

Clinic for diseases of the eyes, ears, nose, throat, among poor and derelict children frequenting schools—Vaccination freely supplied.

INSPECTION OF SCHOOLS

If we have not displayed in the inspection of schools more methodical ways the fault lies in the insufficiency of our staff.

How could I operate effectively with only two lady inspectors to look after 65 schools when in Montreal they employ a physician and a lady inspector for every group of ten schools?

Nevertheless, the results we have obtained are quite satisfactory.

For the current year we will have two additional lady inspectors and this will allow a better supervision and control to be exercised.

Judging from the reports of our two lady inspectors we have obtained better results as far as hygiene and cleanliness are concerned, and also as to individual cleanliness.

The lady inspectors have closely watched any outbreak of contagious diseases either in the school or in the family home. They have endeavoured to enlighten the parents, to persuade them to send their children to the dental clinic and dispensary for the treatment of the eyes, nose, ear and throat diseases.

This explains the number of their visits of inspection.

The work of the lady inspectors may be summed up as follows:—

7,121 inspections of children at schools.

196 cases of contagious diseases traced and quarantined.

1,015 visits at domicile of parents; instructions given.

102 children sent to dispensary for tuberculosis cases.

98 children sent to the municipal clinic.

61 for the eyes.

17 for the ears.

20 for the throat.

102 medical inspections on special request.

Eye glasses have been supplied to poor children.

Appropriate treatment has been given to cases of adenoids with operations in most cases.

28 children have been treated at the Hotel-Dieu.

64 children have been treated for skin diseases.

PLAYGROUNDS

The ancient city of Quebec is noted for its parks and the children play in these beautiful places. In addition, the grounds of the "Exposition Provinciale" belong to the city of Quebec and equipment for the amusement and recreation of the children is there provided.

CHILD WELFARE EXHIBITION AT QUEBEC

During the first week of June, 1921, a successful Child Welfare Exhibition was held in the city of Quebec, under the auspices of the Goutte de Lait, L'Assistance Maternelle, and the Anti-Tuberculosis League.

The exhibition was opened by Miss Alice Fitzpatrick, representing His Honour, Sir Charles Fitzpatrick, Lieutenant-Governor.

The chief object of the exhibition was educational and the posters and other displays were intended to impress upon all visitors and especially upon mothers and fathers, the leading principles of child welfare and the progress being made in Quebec in this important matter.

Charts were exhibited showing the gradual decrease in infant mortality in Quebec city from 273 per 1,000 births in 1909 to 160 per 1,000 births in 1918.

The Goutte de Lait in the year 1920-1921 cared for about 1,000 children and among these children only about 65 deaths occurred, showing the good results of the work of this organization under its president, Madame Jules Tessier, and the devoted workers associated with her.

LACHINE

Abstract

BABY CLINIC

As during the previous years, our Baby Clinic has been maintained through the generous appropriation of the council and the devotedness of our physicians who have gratuitously put at the disposal of this so commendable welfare work their time and their advice. Unhappily, the answer from the population was not over-enthusiastic as 50 babies have been brought to the clinic and 115 consultations only have been given, or a decrease of nearly 50 per cent on the preceding year. Is this to be attributed to the fact that there was less sickness among the infants? It is possible, nevertheless, we could make use here of a method followed elsewhere with success to ensure the number of consultations at the clinic thus increasing its results. This method consists in having a nurse attached to the clinic. Her work consists in the home visiting of all the nurslings to supervise and guide their feeding with the aim of preventing disease. At the first sign of uneasiness of the baby, the mother is immediately invited to bring the baby to the clinic to consult the doctor in attendance. The nurse is present at the clinic when the mother comes and she goes back home to personally fill the orders of the doctor. How many precious lives are thus saved and how much the mothers are grateful for these estimable services: Let us hope that the council will hear the voice of the little ones asking for protection and will put at their disposal a municipal nurse.

SECTION OF INFANTILE HYGIENE

A well-organized section of infant hygiene includes prenatal, neo-natal and infant hygiene, as well as the hygiene of the child of the pre-school period and during his school term. If we examine our organization in this respect we are forced to admit that it is far from being complete. Therefore we must not be surprised to find that our infant mortality rate is still too high, the figure being 175 per 1,000 births in 1918. The main causes of this mortality are gastro-enteritis, pre-natal influences and contagious diseases. On the other hand the means at our disposal against them are the Baby Clinic and the nurses of the Victorian Order. It is most happy to hear that a new organization, called the Maternal Assistance, has been started recently which will help to improve our results.

We are forced therefore to draw the conclusion that the means actually put at our disposal to decrease our infant mortality, although they have given very encouraging results, are not nevertheless sufficient to bring forth a complete solution to the problem of infant mortality. The actual means are our free baby consultation, and the work of the nurses of the Victorian Order. The means to be added are the appointment of municipal nurses and the pasteurization of the milk supply.

VERDUN

Abstract

In Verdun L'Assistance Maternelle is especially engaged in the care of the mother and child and providing food and clothing for them. This, in a certain way, may be considered as pre-natal work, and help to pregnant women, because such help is given before, during and after the confinement. There are no pre-natal clinics, and visits are made by members of the Maternal Assistance and not by nurses.

The Baby Welfare Society is giving free consultations for babies and free milk, and sends a certified nurse to visit homes of sick infants. Lectures on child hygiene are also given by the Baby Welfare Society.

MEDICAL INSPECTION OF SCHOOLS

Medical inspection of Catholic schools is regularly made by a licensed physician. Such inspection consists especially in medical examination of little children. Parents are advised of the results of these examinations, and necessary recommendations concerning treatment are given on forms specially printed for that purpose. Attendance is also controlled and particular attention is given to exposures to contagious diseases. The medical inspector is paid by the School Commission.

The Victorian Order of Nurses are also doing work for child welfare in Verdun.

SHERBROOKE

In 1919-20, the teachers of two of the schools took advantage of a free medical clinic for children, carried on under the auspices of the Patriotic and Red Cross Societies, individual teachers taking to the clinic, after school hours, pupils who seemed to need medical attention, and who wished to go.

Much attention has also been given to the general health and nutrition of the children and milk has been regularly served to many children through the efforts of the teachers and others at the morning recess in the schools.

THREE RIVERS

At Three Rivers there are two organizations dealing with child welfare. The first one is "La Crèche of the St. Joseph's Hospital." The second is "La Pouponnière.

DEPARTMENT OF PUBLIC INSTRUCTION

Minister: Hon. L. ATHANASE DAVID, Secretary of the Province

Superintendent: HON. CYRILLE F. DELAGE, LL.D.

English Secretary of the Department: Mr. GEO. W. PARMELEE

French Secretary of the Department: M. J. N. MILLER

CATHOLIC COMMITTEE OF THE COUNCIL

Medical Inspection.—The Medical Inspection of Catholic Schools is carried on under the authority of Regulations established by the *Catholic Committee*, Sections 71 to 74 inclusive, page 10 of the volume.

MEDICAL INSPECTION OF PUPILS AND SCHOOLS

71. The medical inspection shall take place in the schoolhouses, and teachers shall do what in them lies to help in the work of inspection.

72. Though the inspection may take place during class-hours, the regular work of the school should be interfered with as little as possible.

73. Inspecting officers shall act in such a manner as not to inconvenience the teachers, and they should endeavour, in the exercise of their functions, to respect the distinctive character of each school.

74. Each medical inspecting officer shall make an annual report, and forward it to the School Board, whose schools he has inspected, and the secretary-treasurer of the School Board shall forward a copy of the same with his own annual report to the Department of Public Instruction.

School Hygiene.—School Hygiene is a part of the programme of Elementary, Intermediate and Superior Schools, from the 3rd year to the 8th year, inclusive. (pages 151 to 155 of Regulations of the Catholic Committee).

OPTIONAL SUBJECTS

DOMESTIC SCIENCE

The study of domestic economy and the practice of housework have become, at the present time, an almost obligatory part of the education of young girls. Teachers should, therefore, give to this subject all the importance which belongs to it. They should see to it that, in classes where these lessons are organized, the programme laid down be exactly followed by the pupils.

It is precisely on this account that this optional subject has been singled out for special attention.

First elements of domestic economy with useful applications

Organization of the home.—Care of the home.

Furniture: of the kitchen, of the dining-room, of the bedroom, of the reception room, etc. Care of furniture.

Tableware: in what it consists, care and washing of same; kitchen requisites: what they are, care and cleaning of same.

Heating and lighting: practical advice.

Sweeping and dusting.

Care of linen, bedding, clothes, boots, shoes, and furs.

Washing and ironing.

Food: qualities of the different food substances, of the principal beverages; what should be done to keep them from spoiling. General information on cooking. Hygienic meals, of what they are composed. How to lay the table, the cover, to serve, to clear the table.

Needlework.—Sewing. Mending. Marking linen. Crochet. Embroidery.

Cutting out, making up the most simple articles of clothing.

In all that concerns the organization of the lessons in this subject, teachers are allowed the greatest liberty. These lessons, however, should be restricted to general principles, with simple, practical applications.

In organizing this course teachers should be influenced principally by the practical side of the subject.

Let teachers acquire a true, an exact notion of the most urgent needs of families—realize what, later on, will probably be the condition of life of the pupils now confided to their care, and let the lessons given be such as will fit the pupils to successfully meet the expected conditions.

Minute distinctions would be out of place in giving instruction in this subject. Teachers are strongly advised to follow a well-graded method and to unite theory with practice. When certain practical exercises cannot be performed by the pupils themselves, they should at least be required to observe others performing them, care being taken to make them note even the details. But the why of things, the explanation with the reasons of the different things to be done, are not less useful. Otherwise the course would lose its educational character. As it is the education of the mistress of the house, of a housewife, that it is desired to effect, the teaching should never be such as would be given to an apprentice. The preceding sentence indicates the surest way to elevate the teaching of domestic economy, and even of housework in the eyes of both pupils and parents, and thus to destroy the prejudice which exists against it.

Hygiene also holds first rank in the programme of Household Science Schools created about 30 years ago in the Province, which are especially in honour since the last fifteen years. See special programme of Household Science Teaching, pages 161 to 167 of Regulations of the Catholic Committee.

DOMESTIC SCIENCE

NOTES RESPECTING COOKING AND HOUSE-KEEPING

The most important parts of the Course in Domestic Science must be the science of preparing food, and house-keeping based on science and hygiene.

The cooking to be done, must be simple, rational, and inexpensive. Sensible ideas regarding order and economy must be the foundation of the teaching in this subject.

The teachers must call the pupils' attention to the name, nature, quantity, and prices of the kinds of food used, to the preparation of each dish, the time required for cooking, the cost price of the whole meal and of each dish. In making out the menu of a meal, some pupils will be allotted the soup, others the meat, and others still the dessert. In a subsequent lesson, a change should be made so that all the pupils will learn the making of each dish. Further, the pupils must have a notebook in which they will write a summary of the lessons and advice given them as well as the details of the practical work done.

The teaching of hygiene presents a wide field to the teacher's initiative and fitness, enabling her to adapt her teaching to the average capacity of her pupils which varies according to the locality and to the year of the course. The lessons will be more a chat than a lecture and the teacher will thereby give her advice more easily. The daily occurrences furnish many opportunities for teaching the precepts of hygiene; for such occurrences are repeated, they enable the teacher to refer to what was said in the theoretical lessons, developing them gradually or repeating them in another form.

PROGRAMME

1st year

Hygiene.—Practical advice regarding the body—manner of holding it—movement, clothing, food.—Inspection for cleanliness.

Housekeeping.—Training young pupils in habits of order, cleanliness, and economy.—Care of the person, of clothing, books, desks, toys.

Manual work.—Folding and cutting paper; making knots, rings, chains on bobbins.

Agriculture and Horticulture.—Call the children's attention to the plants, flowers, and fruit grown in various kinds of gardens. Note the kinds of soil.

[NOTE—This Programme is gradually developed each year until in the 8th year, the following admirable course is reached.]

8th Year

Hygiene.—School hygiene.—Hygiene of sedentary life and manual occupations.—Temperature; atmospheric currents, annual and diurnal variations of temperature.

Effect of humidity.

Housekeeping.—General review by means of practical exercises.

Washing and ironing.—Review of previous years by means of practical exercises.

Dress cutting and making.—Recapitulation of previous years; pattern drawing: taking measures.—Figure drawings; complete costume, fancy blouses, changes.—Mending; darning damask, cloth, and tulle.—Plain and fancy knitting and crochet work.—Lessons in English and French embroidery: needle-work pictures.

Agriculture and horticulture.—Composition of soils.—Characteristic features of the various soils.—Fertilizers.—Special cultivation of the chief useful vegetables, trees, and shrubs of the province.—Natural and artificial multiplication of fruit-trees.—Planting of trees and some ornamental shrubs.

Cooking.—Full review of previous years.—A more complete study of soups, butcher's and pork-butcher's meats and fish.—Fowl; how to prepare and cook them.—Pastries and different kinds of flour.—Cooking fruit.—Home-made candy.—Aromatic drinks.—Practical culinary preparations and exercises in accordance with the theoretical lessons.

Medicine.—The nurse's duties.—Care of the sick.—Composition of a small family pharmacy.—Food and dietetic preparations.

Dairying.—Review.—Necessary conditions for obtaining good butter.—Creaming: various systems.—General care of cream.—Practical exercises in butter-making.—Preservation of butter.—Keeping of utensils and cloths used in handling butter.

Poultry raising.—The best kind of poultry recommended for the province.—Laying.—Natural incubation.—Chicken-feeding.—Chief diseases of poultry.—Preventive measures; remedies.

Apiculture.—Swarming: its causes and drawbacks.—Natural and artificial swarming.—Preventive measures.—Gathering of honey and wax.—Care to be given the bees in the autumn and spring.—Conditions for good wintering.

Science of housekeeping.—How to employ and increase the family revenue.—Saving.—Cash payment; its advantages.—Credit.—Leaks in household expenditure.—Ruin caused by alcohol.—Woman's role in anti-alcoholism.—Woman's influence in the family and in society.

Science of education.—Notions of psychology.—The soul's faculties, their influence on education.—Great educational means.—Intellectual education.—Religious

education.—The young girl in her family and in society.—The choice of her companions.—The good or evil influence she may exert or from which she may benefit or suffer.

In 1919 there were 54 Household Schools, attended by 7,362 pupils.

Hygiene is also compulsory in Normal Schools. (Theoretically in the Elementary Course, and as School Hygiene in Intermediate and Superior Courses).

In Normal Household Schools, hygiene embraces a very detailed programme, pages 193 to 202 of Regulations of the Catholic Committee*

SCHOOL HYGIENE

School Hygiene is also carefully attended to in the establishment and equipment of the school; sites and school buildings, outhouses, etc., furniture and school articles, etc. (See Regulations of the Catholic Committee, pages 5 and following).

School Health Education.—See above, also Sections 63 to 70 of the above mentioned Committee Regulations, concerning School Regulations on the care and cleanliness of schools.

66. Dry Sweeping is forbidden in School-houses.

69. Provision shall be made by every school board for sweeping each school-house daily, and for scrubbing the floors at least once every month, and for making fires one hour before the time for opening school, when requisite; but teachers shall never be required to do this work, unless there is special agreement to this effect, between them and the school board.

70. School boards shall furnish the fuel necessary to heat the class-rooms and other parts of their schoolhouses occupied by pupils and teachers.

Convent Schools.—In almost every Catholic parish of the Province of Quebec, which parishes are about 1,500 in number, there is a Convent (and in cities several Convents) for young girls, which institutions are directed by Nuns. These Convents, almost all boarding-schools, are real models of good order and tidiness. In these institutions young girls are learning, besides classical notions, the theoretical and practical elements of personal neatness; moreover, they therein acquire the habit of good personal appearance and refinement, also the habit of good taste in the keeping of a home, and they learn the great importance of a reasoned alimentation.

Play and Recreation.—Sections 20, 21 and 22 of Regulations of the Catholic Committee prescribe a certain period of recreation in the course of each class. In many Convents there are gymnastics and athletic exercises of the body following instructions given in the Hand-Book published by the Strathcona Foundation. This Hand-Book is also utilized in Superior Schools for Boys where Cadets are organized and where gymnastics are taught following above mentioned Hand-Book.

In the two Schools founded by the St. Vincent de Paul Society, at Quebec, under the name of "Patronages" there were established, during the past ten years, Playgrounds on the spacious areas adjoining these institutions, where, thanks to the devotedness of the Brothers of St. Vincent de Paul, from five to six hundred children go every day during the months of July and August, and enjoy good and healthy recreation following a well-balanced and educational programme.

Promenades and excursions in the country furnish an additional charm to the life of those who participate in these "Playground Colonies." Even the parents are taking great interest in these Recreation Grounds, and the more so because, through a good system of cards, they know, day in and day out, if their children were present at the "Patronage."

*This includes a comprehensive and excellent course for teachers of hygiene and domestic science. Space does not permit reprinting here.

In Montreal, a "Holiday Colony," patronized by the Catholic School Commission, receives and shelters, at the beautiful and shady Playgrounds of Contrecoeur, six or seven hundred children during the Summer holidays.

Other Associations, in Quebec and in Montreal, and, more especially the Catholic School Commission of Montreal, are endeavouring, to the best of their ability to procure for young boys, more particularly, playgrounds under the supervision of persons especially appointed for this purpose.

VOLUNTARY ASSOCIATIONS

There are in Quebec and in Montreal the Associations of Maternal Assistance and of the Goutte de Lait, which receive help from the St. Vincent de Paul Society; and which do their utmost to assist indigent mothers on proper occasions. These Associations are composed of well-to-do ladies who are devoting themselves to charitable work, and there are many other private Associations endeavouring to promote Child and Maternal Welfare.

There are also the Nurseries, the Maternal Schools and Kindergartens or School Gardens which were created, and are directed by Franciscan Nuns, Sisters of Charity, Sisters of Providence, and Daughters of Jesus, in Quebec, Montreal and Three Rivers.

PROTESTANT COMMITTEE OF THE COUNCIL

Medical Inspection of Schools.—Medical inspection of schools is carried out by virtue of article 2770, (a) R.S.Q. which reads as follows: "School commissioners and trustees are authorized to provide for the medical inspection of their pupils and schools, under the superintendence of the Council of Public Instruction and either committee, and to make the disbursements occasioned by such inspection. Two or more school boards may unite to effect such inspection, after having obtained authorization therefor from the Superintendent, 5 Geo. V. c 36, s. 14."

Medical inspection is therefore under the direction of the local school boards, and consequently there is no chief medical officer for the schools of this province. In the larger centres special officers are appointed for this work. In the smaller towns and villages the chairman of the local board of health, generally the local physician, performs the duties of inspection. School lunches are provided in most of the larger centres, such as Montreal, Quebec, Sherbrooke, etc.

REGULATIONS CONCERNING MEDICAL INSPECTION OF SCHOOLS

189. Wherever the medical inspection of schools is provided for by a school board, either independently or in conjunction with other school boards, it is required:

(a) That the inspection shall take place in the school house, and that teachers shall do their part in all their power to aid the work of inspection.

(b) That the inspection may take place in school hours, but the work of the classes should be interfered with as little as possible.

(c) Each medical inspecting officer shall in addition to such other reports as are required by the Provincial Board of Health make an annual report and forward it to the school board, and the secretary-treasurer of the school board shall forward a copy of the same with his annual report to the Department of Public Instruction.

School Hygiene.—The regulations of the Protestant Committee, 104-124, require that school houses shall be situated in dry, elevated positions, isolated when possible from other buildings, and provided with good water. School grounds shall be properly levelled and drained, and planted with shade trees. They shall be sufficiently large (not less than half an acre in area) to provide ample space for play. Proper care must be taken to secure the cleanliness of closets and out-houses, and the

approaches thereto must be so kept that they may be reached with comfort in all kinds of weather. The size of each school room must be such as to provide a minimum of 150 cubic feet of air space per pupil, and the area of the windows must be at least one-sixth of the area of the floor. Suitable and adequate arrangements for heating and ventilation must be provided, and school boards are required to follow the directions of the Provincial Board of Health in all matters relating to sanitation. Physical training is compulsory in all schools, as well as for the teacher in training at the Normal School.

School Health Education.—Hygiene is a compulsory subject of study for each of the first seven grades of the Protestant schools of the province.

Play and Recreation.—The regulations of the Protestant Committee require that an intermission for play and recreation shall be given in the middle of the forenoon and afternoon sessions of school, and that adequate play ground facilities shall be provided. The larger schools, particularly those of the cities and larger towns have been equipped with gymnasiums. Play and recreation is by regulation under the supervision of the teacher, unless as in the case of our largest school organizations a special supervisor of play has been appointed by the school board.

VOLUNTARY ASSOCIATIONS

There are several voluntary associations in this province doing excellent work in connection with child welfare, such as the Women's Clubs, organized by Macdonald College, which operate in the rural districts, and the extensive work carried on under the Social Service Department of McGill University.

DEPARTMENT OF THE PROVINCIAL SECRETARY

Minister: HON. L. A. DAVID

Director of the Provincial Bureau of Health and Chief of the Branch of Public Assistance: DR. ALPHONSE LESSARD

The problem of the promotion of Child and Maternal Welfare in the province of Quebec has been, for the greatest part, solved by religious institutions which, for years and years, have exercised their action in all these fields of philanthropy and charity. Maternities, crèches, orphanages, founded by our religious communities, have met, at least to a certain extent, the needs of our population.

Last year, desirous of giving its help to divers charitable institutions, the Quebec Government submitted to the Legislature an Act known as the Public Assistance Act. Under this Act the Government, provided certain conditions are filled by the parties concerned, can grant much more important subsidies than in the past. The principle adopted by the Provincial Government consists in helping institutions which receive distressed persons rather than dealing directly with destitutes.

It is in consequence of such a system that eight crèches and maternities, which were recognized as Public Assistance institutions, received—*pro rata* to the number of infants and mothers hospitalized—the amount of \$19,663.59, from September 1, 1921, the day of the enactment of the Act, to the 31st of March, 1922. The payment of such grants being made every three months, an additional sum will be paid on the 30th of June, 1922, in order to finish the fiscal year.

During this period 557 mothers and 866 infants were received by these institutions. Certain maternities and crèches have not yet requested their recognition as Public Assistance Institutions, but I must say that the greatest number of institutions of this kind are taking advantage of the Act.

Concerning work undertaken in order to help neglected, dependent and delinquent children, we have, in the province of Quebec, four large industrial schools and five reformatory schools. In the industrial schools, the number of children confined, boys and girls, is 1,864; and in the reformatory schools, 472. We have thus a grand total of 2,336. Of these one-half of one per cent are children of unmarried parents.

The financial aid granted by the province to reformatory and industrial schools amounted, during the last fiscal year, to \$325,000. There is, in Montreal, a reformatory school for Catholic boys and one in Shawbridge for Protestant boys. One of these reformatory schools for Catholic girls, directed by the Sisters of the Good Shepherd, Laval des Rapides, Quebec, is a real model of this kind of institution. There is another reformatory school for Protestant girls at St. Lambert, Chamby county, Que.

Mothers' Allowances.—We do not have yet, in the province of Quebec, any organization charged to see to the distribution of allowances to mothers. However, the Public Assistance Branch has presently this question under discussion, and hopes, before long, to give a solution to this problem.

Maternity Benefits.—The same remarks as above apply to this item. We do not have here any such benefits.

Children of Unmarried Parents.—Natural children are kept in crèches until two years old. The persons in charge of the crèches do their utmost to place illegitimate children in families which offer, both from a moral and material point of view, all guarantees desirable.

In fact, whatever may be the number of children thus placed, it is very seldom that authorities concerned in the placing of such children receive complaints. I have good reason to believe that this system furnishes excellent results.

Nuns organize amongst the parish priests a propaganda for the placing of these children. The parish priests bestow great attention on this task, and I am of opinion that, even now, this system is still the best one for the future protection of children born out of wedlock. There is no departmental branch charged with this special kind of work, and private initiative (in this case, as in many others) still supplies the best means to be adopted.

OUTPOST HOMES

The Hon. J. E. Perrault, Minister of Colonization, Mines and Fisheries of the Province of Quebec, in 1920 laid down a plan of campaign to preserve the children of the settlements located in the more remote districts of Quebec. The minister is endeavouring to improve the homes of the settlers by better sanitation. Plans will be supplied to each settler with instructions how to build so as to avoid the use of the living room for cooking purposes. Colonization agents in the province will act as missionaries in the cause of child welfare.

SASKATCHEWAN

DEPARTMENT OF THE ATTORNEY GENERAL

Minister: HON. J. A. CROSS

Commissioner of the Bureau of Child Protection: MR. F. J. REYNOLDS

Judge of the Juvenile Court, Regina: JUDGE ETHEL MACLACHLAN

BUREAU OF CHILD PROTECTION

The laws in force are the Children's Protection Act, the Adoption of Children Act, the Mothers' Allowance Act, the Juvenile Courts' Act and the Dominion Juvenile Delinquents' Act. Attention is drawn to the Act establishing the Bureau of Child Protection, which is placed under the Attorney-General, functioning as a real department of Government enforcing the Acts named above.

MOTHERS' ALLOWANCE ACT

A new Act comes into force the first of May, 1922, called the Mothers' Allowance Act, which supersedes the Mothers' Pensions Act, which has been in force in this province since 1918. This bureau is charged with the administration of the Act.

The legislative appropriation for the allowance to mothers this fiscal year is \$180,000, the average per family being \$26.50.

CHILDREN OF UNMARRIED PARENTS

There is no legislation to protect the children of unmarried parents excepting that contained in the Illegitimate Children's Act of this province, which provides that children of unmarried parents may be protected through an action in Civil Court against the putative fathers of the children.

The Adoption of Children Act comes into force May 1, 1922, and under the regulations adopted under the Act, Commissioner Reynolds has been named as the Provincial Officer, and a fee of \$10 is charged, payable by the adopting parents.

REPORT OF COMMISSIONER REYNOLDS

Abstract

STATISTICS

For the period ending December 31, 1921, two thousand two hundred and eighty-nine children have been committed by the courts or surrendered. Ten hundred and seventy-nine of these are now placed in foster homes, two hundred and sixteen are now in institutions and shelters of different kinds, and five hundred and sixty-six returned to their parents and relations under supervision.

Those that have ceased to be supervised and inspected are: three deported, twelve discharged, twenty-eight absconded, eighty married, one hundred and twelve died, and one hundred and ninety-three have attained the age of twenty-one years and

are automatically struck off our list. This leaves one thousand eight hundred and sixty-one wards under supervision December 31, 1921. By and through the operation of The Mothers' Pensions Act, and by making provisions for children in other ways than having them wrenched away from their natural parents, we can report a decrease in the number actually committed under the provisions of The Children's Protection Act the last two years, whereas prior to that there was a yearly increase. In 1920 there were two hundred and forty-five committed, one hundred and sixty-nine to the superintendent and seventy-six to societies. On the first day of January, 1921, there were 1,779 wards under supervision, and during the year 1921 two hundred and fourteen were committed, one hundred and thirty-seven to the superintendent and seventy-seven to societies, and there were one hundred and thirty-two dropped from supervision, as follows: nine discharged, three absconded, twelve died, eleven married, and ninety-seven became twenty-one years of age. These figures would indicate the rapidity with which the wards are being discharged, but it will be noted the new commitments exceed the discharges considerably.

INSPECTION OF FOSTER HOMES AND SPECIAL CASES

The homes where foster children are placed are regularly inspected until such times as it may be deemed unnecessary on account of the child and home being suited to each other and the home conditions all that can be desired.

Inspectors are constantly required to investigate special cases where the welfare of children is at stake, and where it may be necessary to rectify conditions in the home. During the calendar year 1921 investigations were made as follows:—

Domestic trouble at child's home	198
Cruelty of parents	9
Immoral surroundings	77
Alleged wilful neglect	159
Parents deserted	48
Parents dead	18
Parents insane	22
Illegitimate children	39
Trouble between child and foster parents	61
Special visits to troublesome child	97
Escorting children	200
Children committed as wards of Government by inspectors	96
Children not committed but removed to better surroundings	80
Inspection of wards in foster homes	634

Considerable attention is paid to the matter of the prosecution of adults under the provisions of section 21 of the Children's Protection Act for contributing to neglect, and under section 29 of the Dominion Juvenile Delinquents Act for contributing to delinquency, also under the provisions of section 220a and other sections of the Criminal Code, where we find adults are responsible for the undesirable surroundings under which we find children or where cruelty may be established.

HOME FINDING

There were two hundred and ninety-seven children placed and replaced in foster homes from all sources in 1921. On January 1, 1921, there were fifty-three in shelters and orphanages waiting for foster homes, one hundred and fifty-seven admitted in these institutions for placement during the year, and sixty-six on hand December 31, 1921.

FEEBLE-MINDED CHILDREN

In investigating and dealing with cases of neglect we occasionally find that the trouble exists as a result of indigent parents trying to care for feeble-minded children and in some cases the parents themselves are of such low mentality that they are incapable of taking proper care of their own offspring, whether they be normal or otherwise. In some of these homes we find some of the children are of the class that we can consistently recommend for placement in foster homes and we

have them committed under the provisions of the Act for that purpose, but those that are not suitable for this purpose we are required to place in some institution willing to receive them and where they may receive institutional care. We have heretofore placed some of this class in corrective institutions and industrial schools, but now that the institution for the feeble-minded at Weyburn is ready to receive them we are able to make much better provision for them. Our function is to take charge of children and foster them out, and it will readily be seen that it amounts to an imposition on foster parents as well as a detriment to the child to try to keep the troublesome feeble-minded class in foster homes. The idiot and the imbecile are easily detected, and can be more readily dealt with, but the moron or superior type offers the greatest problem, and where we attempt to keep them in foster homes they cannot be very permanently placed as they are continually giving trouble and are consequently moved from one home to another at frequent intervals.

If we had some method of having a mental hygiene or psychiatric test made we would be in a better position to know of their qualifications and possibilities and be able to make allowances accordingly.

DEAF AND BLIND CHILDREN

The education of the deaf and blind children of the province under our supervision, requires considerable attention, particularly during the seasons when they are required to be gathered up and sent to the institutions for the deaf and blind in other provinces at the beginning of the school terms and at the end of the school terms when they must be returned to their homes. The deaf children are sent to the Manitoba School for the Deaf at Winnipeg, the blind children to the Ontario School for the Blind at Brantford, on an arrangement with the governments of these provinces, and neither of these institutions is in a position to maintain the children during the vacation period. We have, however, one boy, now sixteen years of age, in the Nazareth Institution for the Blind, at Montreal, who is a ward of the Superintendent of Neglected and Dependent Children, and whose education and maintenance has been taken care of there by this Government since December, 1914. The institution has kept him continually on account of the boy not having a home of his own. Children who have parents and guardians to give them a proper home are assisted to and from the schools by escorts provided by us where necessary, and in case parents are not financially able to pay for the transportation or suitable clothing our practice is to provide this for them rather than to deprive the children of an education.

In all cases in both schools the tuition and maintenance fees are taken care of by the Government. This term we have thirteen children attending the School for the Blind at Brantford, and it is anticipated we will have considerably in excess of this number for next term. The increase anticipated is the result of the Provincial Red Cross Society having recently conducted a survey of all blind in the province, and they have discovered several cases of children of school age that for various reasons have not been in attendance. In some cases parents were not aware of the provisions made for the education of the blind, and in some cases parents, because of the expense and their aversion to sending their children to an institution, have neglected to make proper provision for their schooling.

There are forty-six deaf children attending the School for the Deaf in Winnipeg this term, and we had applications for ten others who could not be accommodated on account of lack of room in the institution. It is anticipated that there will be sixty-five which should attend the School for the Deaf next term if accommodation can be provided.

These schools admit normal children between the ages of seven and twenty, and the results we have had from them have been most satisfactory. Every consideration is given to our children the same as that given to the children of the provinces

in which the schools are located. Exception was made this term for two blind girls from this province whose education had been neglected, and although over twenty years old they were taken into the Brantford school and will thus be given a start that will be of considerable benefit to them.

THE MOTHERS' PENSIONS ACT

This Act came into force February 16, 1918, and the supervision was placed with the Superintendent of Neglected and Dependent Children. Those qualified to participate in its provisions are widows who, on account of poverty, are unable to take proper care of their child or children, and who are otherwise proper persons to have custody and control of the said child or children. In 1920 the provisions of the Act were widened to include any mother whose husband is either an inmate of an institution for incurables or for the feeble-minded or insane, or is permanently incapacitated by incurable disease, feebleness of mind or insanity. Regulations adopted under the Act provided that only children sixteen years of age and under may be taken into account. A residence qualification of at least one year in Canada is required. They also provide that the municipal officials in the municipality in which the pensioner resides are responsible for advising the superintendent of any changed conditions which may affect the surroundings of the family that would justify a change of any kind being made in the pension. The municipal officials are notified of pensions being granted and the mother is advised that she must remain in the province while participating, and must use the pension for the benefit of her children. Partial support only is provided, which means, of course, that she must supplement this income by her own efforts so far as possible.

On December 31, 1921, 519 pensions were in force, the total amount of the pay roll for that month being \$13,745, the average per family being \$26.50. Of the 519 pensions now in force, 475 are being paid to widows and 44 being paid to mothers whose husbands are incapacitated and unable to make proper provision for the family.

For a period of a little over three years in which The Mothers' Pensions Act has been in force applications for pension have been received from nine hundred and six widows and dependents. Two hundred and eighteen applicants were not given a pension as it was found on investigation that they could not qualify under the Act for various reasons. Six hundred and eighty-eight pensions have been granted, amounting to \$249,205, and affecting two thousand three hundred and sixty-one children. Of these pensions one hundred and sixty-nine have been cancelled from time to time, the reasons for cancellation being as follows: married, 96; left the province, 29; died, 6; not taking proper care of children, which made it necessary that they be made wards of the superintendent and taken away, 2; all children becoming over sixteen years of age, 2; improved financial conditions, 26; unsatisfactory surroundings for children, 8. The rate of increase in the number of pensions granted each year may be judged by the following: During the ten months of 1918 in which the Act was in force, 24; in 1919, 139; in 1920, 244; and in 1921, 281.

It cannot be claimed that we have reached the point where claims for pension are on the decline. In fact, we may expect a steady increase so long as the Act is in force, and the province is increasing in population. We are only now receiving applications from some mothers who were left widows during the influenza epidemic of 1918, and who have been able until now to avoid an appeal for public funds. Applications are on the increase, too, at present, on account of so many feeling the pinch of hard times in sections where there has been a succession of crop failures.

INSTITUTIONS FOR TROUBLESOME CASES

Children committed as wards for the purpose of supervision and who are found to be unsuited for placing in foster homes, also those that are made wards of the Juvenile Court, who may be termed juvenile delinquents and dealt with by the

court, are, for the purpose of training and education, placed in institutions that are willing to receive them and are held there for an indeterminate period. Under the Act they cannot be released without the recommendation of the Superintendent of Neglected and Dependent Children, and are from time to time visited by the superintendent for the purpose of receiving reports from the matrons and those in charge and determining what disposition is to be made of them when it is considered to be to the best interest of the child to be removed. We occasionally allow them to return to their own homes, but more frequently find the home is not a fit place for them to return to, and they are placed on probation in some suitable foster home. Appeals from parents to have the children released in order that they may go home to help in attending to other children in the home, or to work on the farm to save the expenses of a hired man, or where they seem to be regarded as merely a convenient commercial asset are never given much consideration as the parent frequently loses sight of the fact that the child is away from home for the purpose of an education and training, and until his mental viewpoint is altered and he is strong enough not to fall again into error, the time and money we spend in trying to train him is entirely lost on the child.

We have girls now in the following institutions: Presbyterian Social Service Home, Calgary; Salvation Army Industrial Home, Winnipeg; Home of the Good Shepherd, Winnipeg; Home of the Good Shepherd, Edmonton.

The Boys' Industrial School, Regina, maintained by the Government, accommodates all the boys. The superintendent, Mr. A. Houston says:—

"I have had under personal observation some one hundred and twenty boys, no two of whom could be taken in exactly the same way, neither in regard to corrective measures nor as to a future trade or calling.

"Out of the above number of boys some ten may be classed as subnormal, and even this percentage could have been reduced but for criminal or bad home environment which naturally arrested mental or moral development.

"The public are naturally interested in the welfare of the boys of this institution, and many organizations and individuals have expressed their interest in tangible form by the contribution of such things as Indian clubs, hockey sticks, skates, skating boots, Christmas hampers, etc. Others again ask what we do with all the bad boys. I can only tell them that the boys are not so very bad after all, and that the majority of the boys who are here owe it to laxity in home training. I do not wish to leave the impression that I am trying to make the boys appear better than what they really are, but I must confess that I try to leave this impression on the boy himself, for the reason that after a boy has had to appear in court and is taken away from his home, he is liable to become discouraged and to form a very poor opinion of himself. At this stage, while not condoning his offence, I endeavour to encourage him to try and forget the past and to start afresh, away from those influences which perhaps have been the cause of his downfall. I make it my personal business to assure him of my friendship, but at the same time point out that I will demand his good conduct in return. In most cases this tentative bargain works out fine.

"Corporal punishment is only resorted to when all other corrective measures have failed, and has been chiefly administered to boys who have got beyond parental control or came here with the determination to perpetuate their insubordinate conduct. In such cases it has worked well. An impression appears to prevail that all the bad boys come from urban centres. I have gone carefully over our records here and find that the proportion of juvenile commitments per capita is about equal in rural and urban localities. From this I am encouraged in the belief that boys who are not cut out for farm life might well be placed with good reliable business firms in cities or towns.

"Our main educational feature is pretty well confined to the school room, although we have made some headway at shorthand and telegraphy.

"No great amount of success can ever be achieved in manual or technical training where a boy is liable to be released just about the time he is beginning to get a grasp of his studies.

"I think there are no two opinions as to the advantage of having a department of training. It would solve the question as to what to do with a number of boys, who on being released from this institution are hard to place, but equip these same boys with a trade or a science and they are in a position where they have greater confidence when they are called upon to do for themselves. We are never ashamed of the deportment of any of our boys, either around the school or when they are sent on errands about the city.

"During the calendar year 1921, thirty-four boys were admitted and thirty-one released. Our average for the year has been around fifty."

In corrective institutions for girls, all of which are outside of the province, there were twenty-one girls January 1, 1921; admitted during the year, ten; released, eleven; remaining December 31, 1921, twenty.

JUVENILE COURTS

There is one Juvenile Court in the province, which includes Regina Judicial District. Judge Ethel MacLachlan has one probation officer. Although this is the only district especially gazetted in which a Juvenile Court is functioning, the Juvenile Courts Act of this province provides that a city police magistrate will act as a Juvenile Court judge ex-officio, therefore the city police magistrates in the other cities of Weyburn, Moose Jaw, North Battleford, Prince Albert and Saskatoon are holding Juvenile Court when occasion requires. The Juvenile Courts Act puts into effect the Dominion Juvenile Delinquents Act, and these Acts are in force in every city and town in the province. In the rural districts, and in towns where there is no ex-officio Juvenile Court judge, a justice of the peace takes juvenile cases after being authorized by Commissioner F. J. Reynolds as provided for in the Act. Therefore, while we have the one Juvenile Court established as such, all juvenile offenders are dealt with in the Juvenile Court throughout the province. A probation officer is attached to the court at Saskatoon and one at Moose Jaw. Besides this there are six inspectors of foster homes attached to this bureau, who, under the Act, are probation officers.

There is no medical expert to make examinations of children, either physically or mentally.

Judge Ethel MacLachlan has been authorised to take as many rural cases as was possible for her to attend to as she is in a position to deal with them according to modern juvenile court methods, whereas the local justices of the peace are very often unacquainted with such methods of procedure.

REPORT OF JUDGE ETHEL MACLACHLAN

"During the year 1921, there were brought before the Juvenile Court 280 children, involving 268 different ones, as there were some repeaters, which means that these latter appeared more than once in the court, either this year or previously:

"Out of these 280, 88 were from the city of Regina, and 192 from provincial points. Out of these 280, there were 263 alleged delinquent, of whom 243 were found guilty, while 17 were alleged neglected or dependent, of whom 16 were found in that state.

"There were 35 adults brought into the court for contributing to delinquency or neglect, 31 of whom were convicted and punished. It is not one of the objects

of the Juvenile Court to collect large fines, so that only \$330 was collected in fines from the juveniles or their parents, costs \$786.85. It is more important to make restitution, so that \$1,340.75 was collected for this, in addition to many articles being restored which had been stolen.

"From the adults, or those contributing to delinquency or neglect, was collected in fines \$970, costs \$119.55, and restitution \$255.

"Roughly speaking about two-thirds of the children appear in the court through very little, or no fault of their own, but on account of their home conditions and lack of training. These conditions may be termed *bad*, such as careless, indifferent parents, lack of parental control, drunken, immoral or quarrelsome parents, fathers or mothers deserting, one parent divorced, illegitimate parentage, street running at night, disregard of the Sabbath, disrespect of the laws by adults, thus setting a bad example, cruelty of parents, etc., or they may be termed *unfortunate*, such as one or both parents dead, one or both in insane hospitals, responsibility left to one parent, father at work—mother sick, etc., etc. *Poverty* only brings a few children in the court. *Indifference* of parents brings more."

JUVENILE DELINQUENCY IN REGINA

The number of children appearing in the court each year since the Juvenile Court had been established in Regina, according to statistics available, is on the decrease. Number of cases brought before the court (neglected and delinquent), as follows:—

1918 (first year)	169
1919 (second year)	104
1920 (third year)	101
1921 (fourth year)	88

"To one not accustomed to Juvenile Court work this might look as though the actual work was decreasing. This, however, is not necessarily the case. One of the aims of the Juvenile Court is to bring as few children into court as possible. A great amount of court work is carried on through investigations made and warnings given by the probation officer, thus avoiding the bringing of the children into the real court. These children would very likely become delinquent or neglected if these first warnings were not given, and thus through this system we are using preventive methods."

THEFT IS MOST COMMON OFFENCE

"Out of the 263 charged with some form of delinquency, there were 152 charged with theft of various kinds, including the more serious offences of shop-breaking and theft, housebreaking and theft. The theft included money of all kinds from five cents up to amounts of over one hundred dollars.

In making a study of the cause of theft, I can find very few cases caused by poverty. *Lack of home training*, love for money, love for candy, gum, cigarettes, love for amusement, and example of the great extravagance of adults, are in my opinion the contributing factors to this delinquency."

PREVENTIVE FOR THEFT

"I know of no better preventive for theft than to teach children in the home almost from infancy to respect other people's property, and to teach them self-restraint and self-denial, or in other words "*to do without!*" To think they must have something simply because another has it, is bad training. To give them the impression that it is permissible to take a thing because it is not locked up is also bad training. If the parents would teach their children from childhood the value and true worth of the four simple words "*Thou shalt not steal,*" at least two-thirds of the delinquency would be obliterated, and few would grow into thieves.

WOMAN PROBATION OFFICER

"Regina is still without a woman probation officer or social service worker in the Juvenile Court. Such an official is not only a great asset to a city but is also a necessity where there is a Juvenile Court.

PSYCHIATRIST

"When Dr. Clarke made his mental survey of the province about a year ago he advocated the necessity of a mental specialist, who along with his other duties, would be of assistance to the Juvenile Court. No appointment has been made, and I am glad to say that I have been fortunate in securing the free services of Dr. Huff of the Normal School for any special cases which in my opinion would need special examination.

BOYS TAUGHT TO PAY BACK WHAT THEY OWE

"All the boys in the Juvenile Court are made to realize that when they have stolen anything, they owe a debt, and it must be paid back. For this reason restitution is always made by the boy or his parents. If the boy is capable of earning the restitution or small fine, this is the method adopted, as earning the money himself makes the boy realize more fully the wrong he did.

FEW SENT TO INDUSTRIAL SCHOOL

"Out of the 263 alleged delinquents, twenty-one were sent to the industrial school. Only five of these (four boys and one girl) were from the city of Regina. Three out of the four Regina boys were newsboys, who got into trouble before the by-law was put in force regulating street trades. The aim of the court is not to fill institutions, but to empty them.

AWAITING TRIALS

"Another year has gone by without any boys or girls running away from their homes while awaiting trial. A new amendment to the Act in 1921 made it possible for the court to postpone or adjourn the hearing of a charge of delinquency, for such period or periods as the court may deem advisable, or may postpone or adjourn the hearing *sine die*. As far as my knowledge goes, I think I am safe in saying that no boy or girl was detained either in Regina or at provincial points while awaiting a hearing. All were allowed to remain in their homes until required to appear in court. Four years' experience of this kind with no boys or girls running away should abolish the old theory that large detention homes are necessary for the housing of delinquents awaiting trial.

CO-OPERATION SPLENDID

"I wish to again thank all those who have co-operated in the work, especially the Regina city police; the Regina city council; the provincial police; all voluntary probation officers; the press; the local council of women of the different cities; the women grain growers; the homemakers' clubs; and all others who have helped in the success of the work. *Co-operation brings strength.*

COUNTRY OF BIRTH

"Thirteen countries are represented when the birth of the child is taken. It is a most significant fact that while 210 children were born in Canada, only 86 can claim Canadian parentage. There is a very important work to be done amongst the New Canadian. Either *his* standard of living or *ours* must in future generations predominate. *Which shall it be?* The assimilation of the New Canadian in our midst will do much to prevent juvenile delinquency. They come into the court for various reasons, sometimes when they cannot be blamed. If these people are to be properly assimilated they must not be left in communities wholly by themselves, but must mix with others, and thus become Canadianized.

MANY OFFENCES ARE SERIOUS

Many offences are serious, in spite of the fact that we do not wish to call the boys criminals: shop-breaking, house-breaking and theft, forgery, indecent assault, and immorality being amongst the number.

THE DEPARTMENT OF EDUCATION

Minister: Hon. S. J. Latta.

Deputy Minister: Mr. A. H. Ball, M.A.; LL.D.

MEDICAL INSPECTION OF SCHOOLS

Medical Inspection of Schools is carried on under the direction of the Department by Miss Ruby M. Simpson, Registered Nurse, Director of School Hygiene; fourteen nurses employed.

Work of examining schools in small towns on railway lines is done during winter. Travelling by motor with the Inspector of Schools, the nurse visits the rural schools during the summer.

Students in attendance at the Normal Schools are examined by the nurse for physical defects.

The cities of Regina, Saskatoon, Prince Albert, Moose Jaw, Weyburn, employ their own school nurses.

The Department of Household Science instructs teachers in organization of hot noon lunch and nutrition classes. A large percentage of rural schools have installed a full noon lunch equipment for which special Government aid is given.

SCHOOL HYGIENE

Each school visited by a nurse is inspected as to hygiene of building and surroundings. Report of findings with recommendations as to improvement is sent to the Board of Trustees of the school district and also to the Department of education.

Teachers-in training are taught in regular lectures given at the Normal School by the School Nurse, the best means of securing good lighting, ventilation, seating, cleanliness, water supply, toilets, playgrounds, etc.

Exhibits of hygienic, up-to-date school-room equipment are made at the Provincial Trustees Convention, and Regina and Saskatoon summer fairs.

Public opinion is directed toward better school conditions by addresses delivered by school nurses at Teachers' and Trustees' Conventions, School Fairs and Mothers' Meetings.

A member of the School Hygiene Staff accompanies the "Better Farming Train" which tours a part of the Province each year. An exhibit of hygienic school room equipment is made, and addresses are given in each town on matters relating to the health of the school child.

SCHOOL HEALTH EDUCATION

Hygiene is a compulsory subject on the school curriculum from Grade 1, to Third Year High School. A nurse of the School Hygiene Staff gives regular lectures in health education in the Normal Schools. All phases of personal and community hygiene are included. Teachers are taught to recognize and desire good health. The teaching of health habits is emphasized, and the making of health posters, rhymes, etc., is encouraged. Thus equipped, the teachers are teaching health habits as a regular subject in the schools. Talks on health habits are given by the nurse in each school visited.

A short course in health education is given for teachers at the University of Saskatchewan in July of each year. This course is prepared by the Director of School Hygiene. It includes a course in physical training, given by a fully qualified instructor, as well as lectures in all phases of school hygiene.

PLAY AND RECREATION

Physical training, including free and organized play, is a regular subject on the school curriculum. It is taught by special Instructors in the larger centres and by the teachers in the small town and rural schools. A full course, including games, folk dancing, etc., is given to teachers-in-training at the Normal Schools. Equipped playgrounds are found in all town and city schools and in many rural schools.

NORMAL SCHOOL COURSE, SCHOOL HEALTH EDUCATION

PHYSIOLOGY AND HYGIENE

In connection with the teaching of physiology, function and hygiene will be stressed.

I. Personal Hygiene.—The teaching of health habits.

II. Physiology:

- (1) Frame-work of the body.
- (2) Muscles.
- (3) Blood supply.
- (4) Nervous system.
- (5) Respiratory system.
- (6) Digestive system.
- (7) Excretory system.
- (8) Skin.
- (9) Special senses.

III. Care of eyesight:

Diagram showing defects of myopia, hyperopia, astigmatism.
Use of Snellen Eye-Test Chart.

IV. Care of teeth.

V. Adenoids and diseased tonsils—diseases associated with these.

VI. Tuberculosis.

VII. Bacteriology.

HYGIENE

I. Ventilation—of homes; of schools.

II. Pure Water Supply:

- (a) Various sources of water supply in Saskatchewan.
- (b) Prevention of pollution of surface wells and springs.
- (c) Conservation of rain water.

III. The posture of school children.

IV. Hygienic teaching and the teaching of hygiene.

V. Maintenance of hygienic conditions in the school.

VI. Detection and correction of physical defects in pupils.

VII. Detection of cases of contagious and parasitic diseases.

VIII. Indications of health disorders in children for which parents should keep children at home and notify the school.

IX. Diet for school children.

X. School accidents:

Fainting, nose-bleeding, wounds, frost bites, burns, scalds, sprains, dislocation, fractures, hemorrhages, swallowing a pin, foreign body in the eye, foreign body in the ear, foreign body in the nose, epileptic seizures, etc.

XI. Demonstration in home nursing.

REPORT

The following is the report for 1921 of the examinations made by the members of the School Hygiene staff:—

Number of schools inspected	1,199
" pupils inspected	38,826
" " with no defect found, 19½ per cent	7,560
" " defective vision	5,476
" " defective hearing	1,156
" " adenoids	5,651
" " diseased or enlarged tonsils and adenoids	11,331
" " decaying teeth	20,397
" " enlarged cervical glands	630
" " goitre	691
" " inflamed eyelids	598
" " trachoma	13
" " skin diseases	394
" " orthopedic defects	135
" " malnutrition	879
" " anaemia	247
" " tuberculosis (active)	75
" " defects in speech	62
" " feeble-minded	81
" " with rheumatism	9
" " heart lesions	40
" " cleft palate	15
" " other defects	444
" " nervous disorders	150

As a result of the notifications to parents regarding defects, the following number, 9,806, received treatment. The nurses are necessarily dependent on the teachers to send to them the number of pupils treated in each school. Due to change of teachers, and sometimes to negligence in reporting, the number reported is very much smaller than the actual number treated.

In 1919, the total number of defects treated was 2,295; in 1920, 5,396, and in 1921, the much larger number of 9,806. There was, to be sure, a larger staff working in 1920 than in 1919, which would account for some of this disparity, but the staff in 1921 was practically the same in number as in 1920. The natural inference is that the co-operation of the parents and teachers has developed to such an extent, that the nurses' notifications are now given serious consideration.

The following extracts are from the Annual Report for 1921 on School Hygiene, which was under the direction of Miss Jean E. Browne, Director, and Miss Urquhart, Acting Director.

Miss Browne returned to work in Saskatchewan on July 1, 1921, after having spent a year in England and France on the Canadian Red Cross Scholarship in Public Health.

The supreme efforts of the members of the School Hygiene staff are directed to establishing in school children a health conscience. It is impossible to give a yearly reckoning of our success in this undertaking, but I think that every one who is familiar with the schools of this province will testify that the process is developing. Our greatest single instrument in this connection is our course of study, with its complement of rational and interesting reference texts in Hygiene, taught by teachers who realize that education means the development of the whole child.

Since a school nurse has been added to the staff of each of the Normal Schools, health work in the schools has been given a tremendous impetus. The teachers in training are given regular lectures in hygiene, physiology, first aid and home nursing. They are given most explicit instructions regarding the hygienic conditions of class rooms, such as ventilation, cleanliness, desks and seats, illumination, washing facilities, toilets, etc. They are taught how to detect the ordinary physical defects in children and they themselves are examined for physical defects. Almost all of them have these defects corrected or treated before leaving Normal School. Teachers, so trained, quietly work out the health problems of their own schools, but, because this

work is not spectacular, it does not get into the public press, and one is frequently astonished to find that prominent citizens have not taken the trouble to inform themselves about it.

The members of the School Hygiene staff, besides using every opportunity of teaching health habits, make detailed reports on the hygienic conditions of schools, and send recommendations to the trustees in regard to the remedying of existing evils. In this great field of work, it is again impossible to bring in an accurate report of results, but they are none the less evident. We know that the hygienic conditions of the schools in this province are improving from year to year as a result of the School Nurses' work.

It is impossible with a staff of ten to twelve nurses to completely cover the province. Most of the schools in the following inspectorates have been inspected one or more times: Moosomin, Yorkton, Prince Albert, Wilkie, Sceptre, Maple Creek, Regina, Weyburn, Watrous, Kinistino, Tisdale, the Battlefords, Elrose, Kerrobert, Canora, Balcarres, and Lloydminster.

In the following inspectorates work has been begun: Oxbow, Estevan, Assiniboia, Kincaid, Vidora, Shaunavon, Turtleford, Wadena, Saltcoats and Milestone.

There is no inspectorate in the province that has not had some work done by the members of the School Hygiene staff. There are at present ten nurses on the staff. All these nurses have a high academic standing, and are graduates of the best training schools in the North American continent.

NUTRITION WORK IN SCHOOLS

Abstract

Under the direction of the Superintendent, Miss Twiss, Director of Home Economics, this has become an important department. Teachers are coming to think that it is not enough that their pupils in foods and cookery can make the various dishes and name the food principles. The knowledge gained must be applied to their own lives; they must know that their strength and enthusiasm are maintained or destroyed by their habits of eating; they must strive to maintain the normal weight for their height and age. In fact, the intelligent co-operation of the child must be secured in applying the knowledge gained in the classes.

EXTENSION WORK

During the season 145 schools were visited; thirty-five school fairs were attended; five conventions were attended and lectures delivered at each; a number of school boards were waited on regarding short courses and groups of schools forming a route for an itinerant teacher of home economics. At the trustees' convention at Regina in February, a noon lunch outfit was exhibited, and thirteen hundred bulletins were distributed among the delegates. The growth of the short course work will be seen from the following figures of the three years. In 1919 there were 15 short courses with an attendance of 1,457; in 1920 there were 24 courses with 2,919 enrolled, and in 1921 there were 27 courses with 3,611 in attendance. Itinerant teachers are now employed by two groups of schools and at three other points groups are forming. One of these, with 193 pupils enrolled, was organized and is being carried on in Unity and six surrounding rural schools, and the other with 109 pupils enrolled is operating in Outlook, Glenside and Hawarden.

INSPECTIONS

Summarizing the inspection work, Miss Twiss states that inspections of day classes were made at seventeen centres, in which fifteen teachers were engaged in teaching 4,389 pupils. Outside of the collegiates, the Maple Creek high school and the Griffin and Cupar Consolidated schools were visited.

TEACHER TRAINING

The third class normal sessions at eight different points were visited and lectures on household science were delivered to those in attendance. The branch was enabled this year to take advantage of the one-year course in household science established by the University of Saskatchewan in 1920, and four of the six graduates in that year are now teaching household science and one is teaching in a new Canadian district, while the remaining one is completing work for her degree. Miss Twiss expresses her deep appreciation of the household science work of the summer school for teachers.

PUBLICATIONS

During the year a comprehensive and useful forty page booklet entitled "Recipes for Household Science Classes" was written and published, and a valuable moving picture film was made under Miss Twiss' direction, entitled "Household Science in Saskatchewan Schools."

EDUCATION AMONGST NEW CANADIANS

Another division of the work of the Department of Education in Saskatchewan which has done a great deal for child welfare is that under the charge of Dr. J. T. M. Anderson, Director of Education among New Canadians.

It has a great influence on home ideals and on home care for children.

SCHOOL FAIRS

In 1921 great success attended the school fairs and 290 exhibitions were held. The Boys' and Girls' Clubs had a membership of 3,865—boys, 2,013; girls, 1,852.

HOMEMAKERS' DEPARTMENT

Director: Miss ABBIE DE LURY

Homemakers' Department of Women's Work, University of Saskatchewan, Saskatoon. Child Welfare activities conducted through Homemakers' organization.

I. Courses in Public and School Sanitation, Home Nursing, Care of Infants and Children are carried on by Public Health nurses through the Homemakers' Clubs.

II. Courses in Proper Feeding of Infants and Children through school age are conducted by the staff of the Homemakers' Department and practical demonstration given in the same.

III. This kind of instruction is made the most prominent feature of the Girls' Convention held under the direction of the Homemakers' Department every year.

IV. Some feature of Child Welfare is given prominence at the Annual Homemakers' Convention, for instance, the subject of *pure milk*. We have sent a resolution to the Dominion Government asking for more extended inspection of Dairy Cattle.

V. Child Clinics are getting to be an established institution at our Agricultural Fairs through the efforts of the Homemakers' Club.

VI. Literature from the Departments of Public Health, Provincial and Dominion, are distributed through our Clubs, and we issue much literature connected with matters of nutrition from our own department.

PUBLICATIONS

The most recent publication of the Homemakers' Clubs is Bulletin No. 10 of the Agricultural Extension Series—"Handbook for Homemakers" containing much valuable information.

THE NURSING HOUSEKEEPER

Supervisor: Miss MABEL F. GRAY

A special development of the endeavours made in Saskatchewan for maternal and child welfare is the training of Nursing Housekeepers.

This work is carried on directly under the supervision of the University of Saskatchewan acting in co-operation with the Saskatchewan Registered Nurses' Association and the Saskatchewan Division Canadian Red Cross,—both of which assist in financing the plan. The Supervisor of Nursing Housekeepers reports to a Joint Advisory Committee, consisting of representatives from the University, the Red Cross and the Registered Nurses' Association.

The Registered Nurses' Association may pass By-laws in regard to the training, supervision and registration of the Nursing Housekeeper, but all such By-laws must be approved by the University before they may become effective.

A recent amendment to the Saskatchewan Registered Nurses' Act, requires that the Council of the Association shall make an annual report to the Minister in charge of the Department of Health,—giving the number of students in training, the dates of admission and the location of the institutions in which students are received, the number of students who have completed their course of training, and such other information as may be required by the Minister. The Hospitals in which the students are trained are all under the jurisdiction of the Department of Health.

A brief account of the events leading to this is given by the Supervisor, Miss Mabel F. Gray.

The influenza epidemic of 1918-19, and the lessons in regard to national health learned in the great war, contributed to call public attention to nursing problems, especially in regard to maternal and child welfare.

The Saskatchewan Division of the Canadian Red Cross, the National Council of Women, the Canadian National Association of Trained Nurses, the Registered Nurses' Association of Saskatchewan, the St. John's Ambulance Association, and the University of Saskatchewan all lent their aid, and in February, 1920, the Registered Nurses Act was amended to provide for the training of the nursing housekeeper. The course of instruction was outlined, the type of institution in which she might be trained defined, and all was placed under the supervision of the University of Saskatchewan, which was given the authority to appoint a qualified nurse as supervisor of the students in training, to conduct examinations and to issue certificates. Great credit is due to the Joint Committee of the Red Cross and the Registered Nurses' Association for the careful working out of all details of the plan.

THE PLAN IN OPERATION

A supervisor was appointed in August, 1920, and following a visit to the institutions eligible to receive students, the first students were received into training in January, 1921. The hospitals to receive the students were small (with the exception of the Saskatchewan Sanatorium at Fort Qu'Appelle), and only one, or in some cases two students were received into each. The one student was used to supplement the already too small staff of three or four graduate nurses, and where two students were received, these were able later to replace one member of the graduate staff, and thus in a measure reduce the expense of operation without affecting the efficiency of service.

For the Class of 1921, only twelve students were received, of whom nine have completed the training (with the exception of one who is making up time lost through a prolonged illness); the remaining three dropped out early in their training.

For the 1922 Class, much greater interest has been shown by the hospitals. In cases where it was impossible to receive students owing to lack of accommodation, the Red Cross Society has made it possible for room for the students to be secured outside of the hospital without any expense to the hospital board. Eighteen students

have been received into the 1922 Class, all of whom but one have so far been retained. Many other applicants are eager to enter upon the training, and it is hoped that before the close of the year still other openings will be found for these students.

THE COURSE OF TRAINING

During the term, in the municipal hospitals, instruction is given in bedside nursing care, and all of the simpler nursing procedures are taught, and practised under a graduate nurse's supervision. Special attention is given to training in the care of maternity patients and of the new-born infant. During the three months' term of training at the sanatorium, which is part of each student's year of training, excellent instruction is given in the care of the tubercular patient and in measures for the prevention of the spread of the disease. In addition to this, at the sanatorium, the student receives lectures and laboratory instruction in bacteriology and in dietetics.

In all of the institutions the nursing staff and the physicians are keenly interested in the students and a very thorough course of instruction is given. In these institutions no student body has before this been received, so a very considerable addition to the work of the matron has resulted. However, in a very short time an apt pupil, well taught, is found to be of considerable value. Hospitals have awakened to a realization that they have a duty to the entire community, as well as to that part of the community which seeks hospital care, and as this plan of service matures, it is felt that all of the institutions of the province will co-operate even more heartily.

TYPE OF STUDENTS AND WORK AFTER COMPLETION OF TRAINING

There are no fixed educational standards or age limits for entrance. In the majority of cases the students accepted have been those who owing to home responsibilities were unable to gain admission to regular training school for nurses a few years ago, though well fitted for such a career, and are not now eligible for such a course. Younger students, who are not certain whether they wish to be nurses, are taking this course, having it in mind later to take the complete nurse's training. Some are women who have been nursing in the rural districts, but feel that they have had little or no preparation for such responsible work, and are anxious to better fit themselves for the work, as well as to receive a recognized standing under the legalized body of Registered Nurses.

Of the students who have completed their training, one or two are wives of farmers—living in districts distant from hospitals, but within reach of medical assistance—these are supplying the nursing care for the people of their districts which was before lacking. Others are living at their own homes, or making their headquarters in the towns in which they trained; no registered nurses are available in these districts unless brought in at considerable expense, and with considerable loss of time, from a neighbouring city. Here the nursing housekeeper is engaged in the homes, working under the supervision of the physicians under whom she has trained, and who are familiar with her capabilities and her limitations. She is in close touch with the hospital and the matron under whom she trained, and there she can always appeal in case of difficulty. One or two of the students have still been retained by the hospitals in which they trained; they will thus secure additional experience, and be all the better qualified when they leave to meet the many difficulties which are bound to be encountered by the nurse or nursing attendant in rural nursing.

CONTROL AND REGULATION OF FEES

Provision for the control of the nursing housekeeper is possibly not as complete as it should be. Provision is made for the annual registration of the Saskatchewan nursing housekeeper under the Saskatchewan Registered Nurses' Association; this provision is, however, not included in the Act, and is therefore not mandatory.

The maximum fee to be charged by the nursing housekeeper is fixed from year to year by the Registered Nurses' Association, but again there is no legal compulsion.

It is hoped, however, that there will always be most hearty co-operation between the Registered Nursing body, and the Assistant Nursing body, and that this secondary body will be so imbued with the same high ideals of service that adequate nursing service may be provided at a cost within the reach of all, for all parts of the province.

CONCLUSION

It is fully recognized by the nurses of Saskatchewan that by this secondary body it is not intended to provide a skilled nursing service at a lower rate for critically ill patients. Such skilled nursing care can be provided only by the nurse with the widest training. It is realized that the poor require as highly skilled attendants as the well-to-do; more highly skilled and with special preparation as there is the instructional side involved also. The provision of the nursing housekeeper is hoped in time to replace the wholly untrained women who are giving such a large measure of the nursing service in the rural districts. It is hoped too to release the graduate nurse, where she is employed in the home really for housework, leaving her services available for the more acutely ill.

The provision of the adequately trained Nursing Housekeeper is only one step. For the towns and cities there is necessary an extension of clinics, of district nursing service, etc., and for the rural districts it is only by co-operation with the already organized agencies to the fullest extent—the Red Cross in its out-post and district work, the Bureau of Health, with its splendidly organized municipal hospitals, and the municipal nurse, doing for the rural district what the visiting nurse does for the city—that the common object of supplying adequate nursing service to all will be attained.

WOMEN'S SECTION OF THE SASKATCHEWAN GRAIN GROWERS' ASSOCIATION

Secretary: Mrs. BURBANK, REGINA

The first special work to which the Women's Section of the Saskatchewan Grain Growers' Association turned its attention after organization in February, 1914, was to secure medical and nursing aid for maternity cases in country districts. The outbreak of the war the same year cut off the supply of doctors and nurses available for this purpose, but vigorous efforts were made to secure the necessary legislation, with the result that this province has some of the most advanced Public Health legislation on this continent. Provision was made for maternity grants, mothers' pensions, rural municipal hospitals, district nurses and doctors, medical and dental inspection, and health education in the schools, a free short course in home nursing, and perhaps the greatest triumph, an amendment to the Registered Nurses' Act to make provision for a short course of one year for nursing housekeepers. This course has been instituted to provide especially for the care of obstetrical cases in remote rural districts, and Saskatchewan's experiment, the first of its kind, is being watched with interest by the other provinces.

While the Women's Section of the S.G.G.A. does not claim all the credit for this Public Health legislation, there is no doubt that the work done by our members, who so fully realized the tragic need, and the publicity given it, was very largely instrumental in securing such a result. The efforts of the W.G.G.A. in this connection became so well known that this organization was specifically mentioned in the introduction of the Bill to establish a federal Department of Health under which the Child Welfare Division is now operating. In recognition of the interest taken by the Women's Section in Child Welfare work the secretary has been appointed provincial convener of this committee for the Social Service Council, and also a member of the Medical and Nursing Committee of the Provincial Red Cross, which has supervision over Outpost Hospitals and district nurses in the province.

BUREAU OF PUBLIC HEALTH

Minister: Hon. J. M. Urich, M.D.

Commissioner of Public Health: M. M. Seymour, M.D., D.P.H.

Director Division of Child Welfare: F. C. Middleton, M.D.

Under the supervision of Dr. M. M. Seymour, Commissioner of Public Health, there is a Division of Child Welfare, with Dr. F. C. Middleton Director* in charge, and during the greater portion of last year, two Child Welfare nurses assisted in this work. Some six municipalities (rural) have engaged municipal nurses, who devote part of their time to child welfare, pre-natal and maternal welfare. Practically all of the cities have the usual public health nurses, school nurses, Child Welfare Stations, Well Baby Clinics and Pre-natal Clinics, under the supervision of the local Health Department.

All private hospitals, maternity homes, rescue homes and other homes and institutions for the care of children come under provincial regulations and require to be licensed by the commissioner.

During the year 1921, the two Child Welfare nurses conducted home nursing and child welfare classes at eighty places, mostly rural, at which there was an average attendance of about sixty, thereby reaching about 5,000 women. The talks and demonstrations included home care of the sick, pre-natal instructions, and care and feeding of the baby. Demonstrations were given in handling of the baby, dressing, bathing, etc., and model layettes were shown.

These classes are arranged largely through such organizations as Women Grain Growers, Homemakers' Clubs, local Red Cross Societies, and I.O.D.E. Chapters. Well Baby Clinics were held at twenty-one places, usually following the home nursing classes, at which 852 children were examined. Dr. Middleton attended these clinics and a thorough examination was made of each child. A score card was made out for each and a copy of the score card given to the mother with any recommendation noted on the card. In the 852 children a total of 2,231 defects were found. Follow-up work is carried on by keeping in touch with the parents to see if the recommendations made by the examining physician have been acted upon.

All children are weighed and measured and the weight and height filled in on the standard chart.

MEDICAL AND NURSING AID TO MOTHERS IN OUTLYING DISTRICTS

Regulations have been passed by Order in Council whereby "The Commissioner of Public Health may with the approval of the minister in charge grant to any expectant mother in Saskatchewan, who, for financial reasons is unable to procure the medical, hospital or nursing attendance or services necessary for her expected confinement, or proper clothing for herself or her expected child, such sums as he may consider are reasonably required for those purposes, not to exceed twenty-five dollars.

"The money granted may be paid directly to the hospital which cares for her, the physician or nurse who attends her or to the expectant mother herself, or partly to one and partly to another in such manner and proportion as the commissioner may decide.

"The commissioner may make the grants above mentioned when he has obtained such information as to the circumstances of the person requiring aid as shall satisfy him of the necessities of the case."

Last year, 206 such maternity grants were paid, amounting in all to \$5,245.

A specially prepared booklet entitled "The Baby" is sent to every mother upon registration of her baby. These booklets are also distributed free of charge to all home nursing classes.

A Better Babies Conference with Child Welfare exhibit was held at Saskatoon Exhibition for a week last year.

PUBLICATIONS

The following are published by the Bureau of Public Health:—

- Baby Book.
- Score Chart for Baby.
- Certificate which is issued for Baby.
- Regulations concerning Baby Homes, etc.

MEDICAL INSPECTION OF SCHOOLS

Medical inspection of schools is usually done by local medical health officers, and is not under the control of the Bureau of Public Health.

VOLUNTARY SOCIETIES

The following voluntary associations work for child welfare:—

- The Women Grain Growers.
- The Local Councils of Women.
- The Red Cross Societies.
- The Homemakers' Clubs.
- The Imperial Order of the Daughters of the Empire.

DEPARTMENT OF HEALTH, REGINA

Medical Health Officer: M. R. Bow, M.D.

Abstract

Child welfare work was first organized by the City Health Department in 1913. One nurse was employed during the summer months—most of her time being occupied in the care of sick babies. Six Child Welfare Clinics were held and special pamphlets distributed on the care of babies during the summer months.

In 1914 a Central Office was opened and a Weekly Clinic established. Most of the time of the nurse engaged was given to work in the east end of the city—where the population is largely of foreign extraction. The number of babies under supervision was 420.

In 1915 a start was made on pre-natal work and the usual Baby Clinic was held weekly. The number of visits made to homes by the nurse totalled 1,948.

In 1916 a second nurse was engaged for the summer months and a new district opened. A Child Welfare Week was held with the purpose of focusing the attention of the public on the vital importance of saving child life.

The number of babies on the register was 578 and 3,151 visits were paid by the nurses. The total attendance at the Central Office was 2,230.

In 1917 a Child Welfare Week was again held and a splendid series of well-attended meetings, addressed by local physicians and others interested in child welfare work. The City Health Department and the Local Council of Women co-operated in conducting a "Better Baby Contest" during the Child Welfare Week.

Plans for follow-up work included the establishing of Well Baby Clinics, which were started in July and discontinued October 21. These clinics were held weekly in different districts—the doctors giving their services voluntarily month about. The total attendance at these Well Baby Clinics was 601. 3,928 visits were paid by the nurses this year and the attendance at the Central Office was 1,568.

In 1918 the number of cases on the register had increased to 1,435. The usual clinics were held during the summer months. The attendance at the clinics was 622 and at the Central station, 1,874. 6,204 visits were paid by the two nurses now on the permanent staff.

In 1919 a new district was opened up and a new Well Baby Clinic established to serve it. Beginning with this year we arranged to have the same doctor take his own Clinic each week. The number on the register this year was 1,399.

Beginning with 1920 the Well Baby Clinics were conducted throughout the year and a third nurse was engaged for the summer months. The expansion of this work is reflected in the increased attendance at the clinics—the total of 2,198 being registered.

A Chest Clinic was established this year for the purpose of providing facilities for the examination of under-nourished children and tubercular suspects. The attendance at this clinic was 71. 6,527 visits were paid by the nurses during 1920.

In 1921 another Well Baby Clinic was opened to serve the southeast part of the city. Arrangements were also made to open a Pre-natal Clinic at the General Hospital. The number of cases on the register for the year was 1,931 and the attendance at the clinics rose to 4,988.

In 1922 the Red Cross generously gave the Health Department the privilege of using "The Red Cross Lodge" as a Central office for Child Welfare Work, and it is the aim of the department to make this a real centre for the work of the Public Health nurses.

In this work three Public Health nurses are now engaged. While we focus our attention on children under two years of age, we endeavour, as far as the staff at our disposal will permit, to keep children under school age under supervision.

The work of school nursing is under the direction of the Public School Board and three school nurses are engaged.

Our nurses carry a message of Health into the homes of the people and they are welcome visitors too, judging by the requests of the physicians and the public for their services. As the statement attached shows, this work has grown rapidly in the past nine years. That it has been productive of results is indicated by the fact that there were 165 deaths of children under one year of age in 1913 as compared with 96 for 1921. In 1921 we experienced the lowest Infantile Mortality rate we have had, viz., 78.75 per 1,000 births.

PLAYGROUNDS

The Playgrounds Commission of Regina, which was established in 1920, has six supervised playgrounds in operation with nine assistant supervisors under the direction of the chief supervisor.

As far as possible the school playgrounds and equipment are used. The attendance averages over 5,000 per week, with as many as 200 on one ground at one time.

There have been games played between baseball and basket ball teams of each ground and a splendid spirit has been maintained. A Playfest winds up the season. Sports are held daily for a week, on the Exhibition Grounds, prizes being given to the winners of the various events.

Funds are provided by a grant from the City Council and a Tag Day.

The Supervisor is paid \$125 per month and the assistants \$75 per month each. Their hours of duty are 2.30 p.m. till 5 p.m. and 7 p.m. till 9 p.m. daily.

DEPARTMENT OF PUBLIC HEALTH, SASKATOON

Medical Health Officer: ARTHUR WILSON, M.D.

Abstract

The city has:—

1. Two nurses spending their full time on tuberculosis and child welfare work.
2. A Day Nursery where mothers may leave their children under school age. At the Day Nursery a good deal of educational work is done. Here mothers see

how their children are cared for. The work every day is a constant demonstration regarding proper feeding and clothing of infants and children.

3. A Baby and Child Welfare Department. The rooms have been remodelled and splendidly equipped by the Daughters of the Empire. Through their kindness the city is able to conduct there the following clinics:—

(a) Well Baby Clinic, every Tuesday, 2-4 p.m., conducted by the city nurses.

(b) Well Baby Clinic, every Friday 10.00 a.m. to 1.00 p.m., conducted by physicians and city nurses.

On Tuesday the nurses weigh, measure and examine the infants and have them ready so that when they are brought to Friday's clinic for physicians to examine, there is no loss of time.

(c) Inoculation and Vaccination Clinics, every Friday 2-4 p.m. and every Saturday, 10-12 a.m., conducted by city nurses under supervision of the medical health officer.

Babies and children are vaccinated against smallpox.

Inoculations against typhoid fever.

Inoculations to prevent whooping cough.

Antitoxin inoculations.

Schick Test, administration of Toxin anti-Toxin in children under seven years of age.

Von Pirquet Test and Intradermal Test.

(d) Clinic for physical examinations of "T. B. Contact" children. This clinic is held every Wednesday 2-4 p.m., and every Thursday 10-12 a.m.

For sick infants and children under school age the city nurses visit the homes and render every possible assistance to the mothers. We purpose in the near future starting a sick baby clinic.

The milk supply for infants is from tuberculin-tested inspected herds and 90 per cent is pasteurized. The tuberculin testing is most efficiently done by the veterinary inspectors of the Federal Agriculture Department working under the authority of the Tuberculosis Order. The fact that we have very little tuberculosis among our children is due to the efficient tuberculin testing of our herds done much more efficiently than it ever could have been done by the city.

The city council have gone on record as favouring compulsory pasteurization, which will be put into effect next spring.

PLAY AND RECREATION

There is a fine children's playground in Saskatoon, and recreation facilities are favoured by the Health Department and the city.

APPENDIX

EXTRADITION FOR FAMILY DESERTION

TERMS OF THE TREATY

[2042]

CERTIFIED COPY of a Report of the Committee of the Privy Council, approved by the Deputy of His Excellency the Governor General, on the 7th October, 1922.

The Committee of the Privy Council have had before them a report, dated 21st September, 1922, from the Minister of Justice, submitting that by Extradition Convention signed at London on the 15th May, 1922, by the Honourable George Harvey, Ambassador Extraordinary and Plenipotentiary of the United States at the Court of His Britannic Majesty, and the Most Honourable the Marquess Curzon of Kedleston, K.G., His Majesty's Principal Secretary of State for Foreign Affairs, on behalf of His Britannic Majesty, it was stipulated that the crime of "wilful desertion or wilful non-support of minor or dependent children" should be added to the list of crimes numbered 1 to 15 in the first articles of the Convention and the Supplementary Conventions of 12th July, 1889, 13th December, 1900, and 12th April, 1905, and it was further stipulated that ratification of the said Supplementary Convention of 15th May, 1922, should be exchanged as soon as possible, and that the said Supplementary Convention should come into force ten days after its publication in conformity with the laws of the high contracting parties, and should continue and terminate in the same manner as the said Convention of 12th July, 1889.

Ratifications were exchanged on 28th July, 1922, and the minister states that there has been referred to him copy of a despatch from the Secretary of State for the Colonies of 2nd August, 1922, intimating that the United States Ambassador has inquired with a view to simultaneous publication as to the date of publication in conformity with last-mentioned stipulation, and the Secretary of State for the Colonies accordingly inquires what date would suit Canada.

The minister observes that by Order in Council of 17th December, 1921, Your Excellency approved of a recommendation advising that the Secretary of State for the Colonies should be informed that the Canadian Government concurred in the signing of the said Supplementary Convention, which was subsequently signed on 15th May, 1922, on behalf of His Majesty's Government by the Secretary of State for Foreign Affairs.

In the above circumstances the minister considers that the said Supplementary Convention of 15th May, 1922, may conveniently be published in the *Canada Gazette* of 14th October, 1922, in accordance with the provisions of the Extradition Act, Revised Statutes, chapter 155, and he recommends that it be published accordingly.

The committee, concurring, advise that Your Excellency may be pleased to inform His Majesty's Government by telegram that the Convention will be published in accordance with the laws of Canada on the date last aforesaid.

All of which is respectfully submitted for Your Excellency's approval.

RODOLPHE BOUDREAU,

Clerk of the Privy Council.

SUPPLEMENTARY Convention between Great Britain and the United States of America enlarging the list of crimes on account of which extradition may be granted, signed at London, 15th May, 1922.

The President of the United States of America and His Majesty the King of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, Emperor of India, being desirous of enlarging the list of crimes on account of which extradition may be granted under the Conventions concluded between the United States and Great Britain on the 12th July, 1889, and the 13th December, 1900, and the 12th April, 1905, with a view to the better administration of justice and the prevention of crime, have resolved to conclude a Supplementary Convention for this purpose, and have appointed as their plenipotentiaries, to wit:—

The President of the United States: the Honourable George Harvey, Ambassador Extraordinary and Plenipotentiary of the United States at the Court of His Britannic Majesty; and

His Britannic Majesty: the Most Honourable the Marquess Curzon of Kedleston, K.G., His Majesty's Principal Secretary of State for Foreign Affairs;

Who, after having communicated to each other their respective full powers, which were found to be in due and proper form, have agreed to conclude the following articles:—

Article 1

The following crimes are, subject to the provision contained in article 2 hereof, added to the list of crimes numbered 1 to 10 in the 1st article of the said Convention of the 12th July, 1889, and to the list of crimes numbered 11 to 13 in article 1 of the Supplementary Convention concluded between the United States and Great Britain on the 13th December, 1900, and to the list of crimes numbered 14 to 15 in article 1 of the Supplementary Convention concluded between the United States and Great Britain on the 12th April, 1905, that is to say:—

16. Wilful desertion or wilful non-support of minor or dependent children.

Article 2

The operation of the present Convention is confined to cases in which the offences mentioned in the preceding article having been committed in the United States or in the Dominion of Canada, the person charged with the offence is found in the Dominion of Canada or in the United States respectively.

Article 3

The present Convention shall be considered as an integral part of the said Extradition Conventions of the 12th July, 1889, and the 13th December, 1900, and the 12th April, 1905, and the 1st article of the said Convention of the 12th July, 1889, shall be read as if the lists of crimes therein contained had originally comprised the additional crimes specified and numbered 16 in the 1st article of the present Convention, subject to the provision contained in article 2.

The present Convention shall be ratified, and the ratifications shall be exchanged either at Washington or London as soon as possible.

It shall come into force ten days after its publication in conformity with the laws of the high contracting parties, and it shall continue and terminate in the same manner as the said Convention of the 12th July, 1889.

In testimony whereof the respective plenipotentiaries have signed the present Convention in duplicate, and have thereunto affixed their seals.

Done at London, this 15th day of May, 1922.

(L.S.) CURZON OF KEDLESTON,

(L.S.) GEORGE HARVEY.

Ratifications exchanged at London on the 28th July, 1922.

THE CANADIAN NATIONAL COUNCIL OF CHILD WELFARE

President: Mr. A. P. PAGET, Winnipeg.

Secretary: Miss CHARLOTTE WHITTON, Ottawa.

Organized at a conference called by the Federal Department of Health in October, 1920, the National Council on Child Welfare is a loose federation representing some forty National groups interested in various phases of child welfare.

It is primarily designed to be a clearing house of information for its various units; to afford, annually or more frequently, either by a conference or other means, an exchange of general information on child welfare development in Canada; and to co-operate in the many ways in which a voluntary group may, with the Child Welfare Division of the Federal Department of Health.

During 1922, the council carried on a small amount of general work, but without funds and with voluntary officers only, it could attempt little but the organization of the annual conference. The year's activities did include, however, a careful study of the whole method and scope of organization, as the result of which, a revised and comprehensive constitution was adopted, under which it is hoped the council will develop strongly.

Two of the points, to which the council's attention was directed in 1922, quoted from the secretary's report, were,—

Re Feeble-mindedness

"In 1921, the following resolution was passed:

"That in the mind of this conference, it is urgently desirable that there should be segregation of the feeble-minded in each province. That toward this end, each provincial secretary be requested to provide an alienist officer who shall for the present be paid for full time service, who will designate the feeble-minded who in his opinion should be segregated.

"That such designated persons shall have the right of appeal to a provincial board or committee if there is any question of their ineligibility for provincial control."

THE CANADIAN ASSOCIATION OF CHILD PROTECTION OFFICERS

President: Commissioner F. J. REYNOLDS, Regina.

Secretary: Judge ETHEL MACLACHLAN, Regina.

The first meeting of the Canadian Association of Child Protection Officers was held on Wednesday morning, October 5, 1921, at the Parliament Buildings, Winnipeg, Man., when valuable papers were read and discussed, a constitution adopted and officers appointed. For further information see "Proceedings" of the Association to be obtained from the secretary.

The number of members of the association in the various provinces is as follows:— Nova Scotia, 7; New Brunswick, 1; Prince Edward Island, 1; Quebec, 2; Ontario, 12; Manitoba, 26; Saskatchewan, 11; Alberta, 4; British Columbia, 4. Total, 68.

Correspondence has since been carried on with the various commissioners and superintendents in charge of Mother's Allowances, attached to the various provinces, with a view to having Mother's Allowances one of the special sections of our work. Alberta, Saskatchewan, Manitoba and Ontario all agreed to unite with us in our association and in this section.

Correspondence was carried on with the various members of executive in regard to members who were thought eligible by other members such as all county judges, police magistrates, and justices of the peace, acting as Juvenile Court judges, District Court judges. Most of the executive were of the opinion that if we sent an application, say, to one police magistrate, we would have to send all over Canada.

JUVENILE DELINQUENTS ACT

A copy of the proposed amendments to the Juvenile Delinquents Act, as suggested by the association last year was sent to Mr. W. L. Scott, barrister, Ottawa, together with a few added suggestions for presentation to the Hon. the Minister of Justice, Sir Lomer Gouin. Some suggestions and additions were made by Mr. Scott. Finally a Bill as follows was prepared, copy of which, together with copy of all correspondence regarding same were sent to the executive. Mr. Scott presented this bill to Sir Lomer Gouin:—

BILL

An Act to amend the Juvenile Delinquents Act.

His Majesty by and with the advice and consent of the Senate and House of Commons of Canada enacts as follows:—

1. Subsection 1 of section 16 of the Juvenile Delinquents Act, 1908, chapter 40 of the Statutes of 1908, is amended as follows:—

By inserting in the third line thereof after the word "period" the words "or sine die."

By striking out the word "ten" in the fourth line thereof and substituting the words "twenty-five."

By inserting after the word "court" in the eleventh line thereof the words "and may impose upon the delinquent such further or other conditions as may be deemed advisable."

2. Subsection 2 of section 16 of the said Act is amended by adding at the end thereof the following words:—

"Provided that where such an order is made upon the municipality the municipality may from time to time recover from the parent or parents any sum or sums paid by it pursuant to such order."

3. Section 23 of the said Act is amended as follows:—

"By striking out the word "shall" in the first line of the first subsection and in the second line of the third subsection and in each case substituting therefor the word "may."

"By inserting in the third line of the second subsection after the words "Committee thereof," the words "together with such other persons, if any, as the judge may name."

4. Subsection 29 of the said Act is amended—

"By striking out the word "Wilfully" in the seventh line thereof.

"By inserting at the end of the ninth line thereof after the word "render" the words "or are likely to render."

RECEIPTS

Members' Fees.....	\$136 00
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EXPENDITURE

For Stencils, Printing, Stationery, Stamps.....	136 27
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THE CANADIAN PATRIOTIC FUND

Maternal and child welfare and to "Keep the Home Fires Burning" was the main reason for the organization of the Canadian Patriotic Fund. The great work accomplished by this fund will never be fully known, and it is better so, for it was intended to be, as it were, "a family affair" between Canada and her sons who went to fight for her along with all those in Great and Greater Britain and among our Allies who were "fit to fight and ready to die" for Justice, Liberty and Honour.

The extent and character of the work done directly for child health and welfare by this fund may be partly judged by a valuable record published by the Montreal Branch of the Canadian Patriotic Fund. It was prepared by the Director, Miss Helen R. Y. Reid, B.A., LL.D., and is entitled, "A Social Study Along Health Lines." It is a record of the first thousand children examined in the Health Clinic of the Montreal Branch C.P.F., which was started November 4, 1919. Up to October 30, 1920, 1,260 children and babies belonging to ex-soldiers were examined at the clinic and referred when necessary for treatment, operation or special examination to the city hospitals and Baby Health Centres.

PROVINCIAL SOLDIERS' AID COMMISSIONS

The children of Canadian soldiers who fought in the Great War have, in addition to receiving aid and care from the Department of Soldiers' Civil Re-establishment and other departments of the Dominion Government, received further consideration and support from the provincial authorities, some of the provinces having appointed and organized a Soldiers' Aid Commission to carry on this work. Children of soldiers who gave their lives have of course received special consideration. Further particulars of this work may be obtained from the official provincial reports.

THE CANADIAN RED CROSS SOCIETY

Abstract

JUNIOR RED CROSS

Chairman: COL. G. G. NASMITH, C.M.G., D.Sc.

Director: Miss JEAN BROWNE

The Junior Red Cross is looked upon as probably the most promising side of the peace-time work of the Red Cross and provincial divisions generally recognize that its development is a matter of first importance.

Steps were taken during the year in preparation for the publication of a junior magazine.

The General Council of the League of Red Cross Societies at its meeting in Geneva, March, 1922, recommended that the Statutes or Public Announcements of each Junior Red Cross should include in their statement of its purposes a declaration to the following effect:—

"The Junior..... Red Cross is organized for the purpose of inculcating in the children of its country the ideal and practice of service, especially in relation to the care of their own health and that of others, the understanding and acceptance of civil responsibility and the cultivation and maintenance of a spirit of friendly helpfulness towards other children in all countries."

NURSING SERVICES

The Canadian Red Cross has put considerable emphasis in its peacetime programme on the granting of assistance for the further training of graduate nurses and giving demonstrations to communities of the great value of the services of public health nurses. The latter class of service has been particularly beneficial in districts where settlement is sparse and not yet sufficiently supplied by medical and hospital services. As a result, an ever increasing number of communities will go on and themselves arrange for the employment and payment of nurses.

In some provinces in which the legislature had not voted a sum sufficient to employ as many public health nurses as the authorities believed could be used with advantage, the Red Cross, at the request of the provincial authorities, provided additional nurses. These are sometimes wholly under the supervision and direction of the Provincial Department of Health and sometimes under a joint committee of representatives of the public health authorities and the Red Cross Society.

Many unorganized districts in Canada have no medical or nursing service. The settlers in these outlying districts often suffer untold hardships for lack of skilled attention. Imagine the hardship of acute pneumonia or appendicitis, or brain fever, or one of the accidents which are liable to accompany the arrival of the baby, or a fractured skull, arm, or leg, a gunshot wound, or an artery bleeding from an axe wound, and no doctor or nurse within twenty or even fifty miles!

Eighteen Red Cross hospitals and nursing stations help to fill this need in the three Prairie Provinces. The hospitals each have from four to twelve beds but the nursing stations cannot be regarded as hospitals, except in a most elementary sense. While each is provided with an emergency ward room this is only availed of in extremity. The nurse patrols her territory, calling on, and at the call of, the sick, injured and diseased; her ministrations encompass a variety of circumstances ranging from tragedy to comedy, and calling for illimitable exercise of common sense and ingenuity. Her day's work may include a maternity case, a fractured limb, a simple cut or wound, a potential epidemic, hysteria, melancholia or more serious mental disturbances—in fact, any of the innumerable ills to which humanity is susceptible. Where possible the active co-operation of the settlers is enlisted; and, in localities where the people are somewhat beyond the early stages of struggle of establishment in a new country, local committees provide without cost to the society the nurse's living quarters and emergency ward, horse and vehicle and fuel.

In Manitoba there is also a Red Cross doctor, who devotes his entire time to regular visits to each station. During a recent five-days' stay at one station, the doctor examined more than one hundred and thirty men, women and children, drove many miles on calls, and in some twenty instances prescribed treatment or operation to relieve suffering and distress. Much of the doctor's work is along preventive lines, and in conjunction with the nursing stations cannot help but have a strong influence on the future physical and material well-being of the people in the districts served.

In British Columbia public health nurses are employed in eight districts and in Ontario an experimental outpost has been established. The success of this demonstration promises well for the extension of the system.

In Nova Scotia the Red Cross provides twelve county health nurses and pays the salary and expenses for a demonstration of one year, after which local effort is expected to carry on the work. During the past year these nurses inspected 40,000 school children and gave more than 1,600 health talks. The New Brunswick Red Cross assisted the Provincial Health Department with grants of \$20,000.

In Ontario, Red Cross nurses are at work in eight localities, and in Prince Edward Island public health nursing has been introduced with most gratifying results.

RED CROSS NURSERIES

In order to afford necessary refreshment and care for immigrant women and children arriving in Canada at the ports of St. John, Halifax and Quebec and to

make them feel the warmth of a personal and kindly welcome, the Canadian Red Cross maintains a Red Cross Nursery at each of the ports named. This work is carried on as a voluntary auxiliary to the work of the immigration authorities. In the nursery there are beds, cots, bathing and cooking facilities and a staff of graduate nurses and helpers.

As soon as the newcomers leave the inspecting officials, the women and children are conducted to the nursery by Red Cross representatives. Infants are provided with milk or other suitable food, children are supplied with biscuits and milk, and the mother if fatigued, is given a cup of tea and light refreshment. The older children then play in the nursery or rest on the chairs or beds. The babies are usually put to sleep in the cribs or cots, as almost invariably they are tired by their stay in the inspection room. Bathing facilities for the babies are afforded in the women's room adjoining the nursery.

Each mother is given a copy of the "Canadian Mother's Book" published by the Federal Department of Health and a Red Cross "Welcome Card" which tells of the public health agencies that may assist her when she reaches her destination. If the nurse discovers that an infant or child is suffering from an ailment which should have investigation or treatment, she reports the case to Red Cross headquarters for follow-up attention after the family arrives at its destination.

This work is undertaken by the Society at the request of the Department of Immigration and Colonization and during the seasons that boats are arriving at Quebec or the other ports, a permanent staff has to be maintained.

Besides affording a pleasant rest at the end of a trying sea voyage and brief recuperation before proceeding on a long train journey, this work is very valuable in giving newcomers a favourable and happy first impression upon their arrival in Canada.

During the past year the Red Cross nurseries at the three ports cared for over 9,500 infants and children. In 128 cases it was found that the infant or child would require some medical treatment or supervision after arrival in the new home. Each of these cases was reported to the Provincial Division concerned to be visited by a Public Health Nurse.

JUNIOR RED CROSS

During the war the Junior Red Cross was started to give children an opportunity of participating in the humanitarian work of the society. Since the war it has developed into a world-wide league of children. The response of youth to the ideal of unselfish service has been so eager that a profound change has been effected in thousands of class rooms and the teachers have come to look upon the Junior Red Cross as a practical means of teaching the lessons of personal health, of good citizenship and of unselfishness.

The development has been extraordinary. In Saskatchewan 45,000 children are enrolled, in Alberta 18,500, in British Columbia 4,000, in Ontario 4,700, and in New Brunswick 2,000 as well as smaller numbers in Manitoba, Quebec, Nova Scotia and Prince Edward Island. The total Junior Red Cross membership in Canada is 72,700 and it is only at its beginning.

The Junior Branch is the most hopeful educational agency of the Red Cross. It works in the schools and through the schools; it seeks to turn the somewhat dull subject of hygiene into the game of health, beginning with the children's personal health habits, widening out into an interest in the hygiene of the school and of the community. Linked with this care for personal health is the idea of aid for those who have not health; and several hundred crippled children have already been helped by "Sick Children's Funds," to have the opportunity to become strong and healthy men and women by receiving necessary medical and surgical treatment.

The Junior Red Cross provides healthful and helpful amusement for young people, developing their talents and personal characters, making them less selfish, more considerate of others, and thereby fosters community spirit.

When one considers the great influence of the acts and thoughts of childhood upon after life it will be realized what a telling power the organization must have upon the coming generation.

BRITISH COLUMBIA

The organization of Junior Red Cross Branches will be undertaken as a definite part of our programme for 1922. The value of this work is clearly recognized by our committee, both in regard to the children themselves and the future of the society.

ALBERTA

Junior Red Cross Children's Fund, total receipts, \$3,911.31; disbursements to date amount to \$1,399.62 and 59 children have been cured or assisted by the Fund.

The organization is built up through the schools as the natural centres. The children elect their own officers and are taught to conduct their meetings properly. The voluntary co-operation of the teachers is sought in organizing, and each branch has an adult adviser or advisers who attend the meetings. Where the teacher consents to act in this capacity, the branch benefits greatly as she is personally acquainted with the children and knows which phase of the work will appeal to them most.

To qualify as a member, each child is asked to earn a membership fee of twenty-five cents. This fee is sent in to headquarters as a contribution to the "Junior Red Cross Sick Children's Fund" which is used to pay for medical attention, operations, hospital treatment, orthopaedic appliances, etc., for sick and crippled children whose parents or guardians are financially unable to provide for the same.

In order that no child may feel debarred from participating in Junior work, owing to inability to pay the membership fee, the collective membership idea is encouraged; that is, the proceeds of an entertainment contributed to the Fund by a Branch, pays the fees of all those taking part and those who helped to make the affair a success.

The Juniors have turned their attention to many forms of active service. Throughout the year, the girls of the various branches have been sewing for needy children. The garments are supplied ready cut from Headquarters. They consist mainly of infants' clothes and the juniors delight in making them. There is a continual demand for yarn which is made up into scarfs, caps, mittens, stockings, wash cloths and so forth. Our records show that to date 2,350 articles have been completed by the girls while the boys have made 1,500 toys which have been distributed among sick and crippled children both at home and in hospital.

The Department of Education has kindly agreed to allow the Junior Red Cross half an hour on Friday afternoons once a month for health talks in the schools. Simple, interesting material is being prepared, which will be illustrated by health posters and which it is hoped will be of assistance to the teachers.

The splendid co-operation of the physicians of this province has been of inestimable value. Several doctors have given their services gratuitously for Junior Red Cross patients, and the majority have charged only 25 per cent of their regular fee, in accordance with a resolution passed by the Alberta Medical Association in convention last June. This reduction of fees has enabled us to make the "Junior Red Cross Sick Children's Fund" go much further. Had the physicians not been so generous only about one-half of the number of children already assisted could have been cared for.

Cases assisted under the fund have included disabilities resulting from infantile paralysis, tubercular bones, drop-foot, deafness, defective eyesight, tonsils and adenoids, teeth, swollen glands, and infected mouth. We have also supplied children with crutches, tonics, glasses, atomizers, boots and supports for fallen arches.

In conclusion, the benefits of the Junior Red Cross to the children of Alberta are fourfold, viz:—

First.—Educational, in that the boys and girls are taught to conduct meetings properly, and the national and international aspect of the Junior Red Cross will prove of geographical and historical value.

Secondly.—The Junior Red Cross provides healthful and helpful amusement for our young people, as well as developing their talents.

Thirdly.—It tends to develop personal character making our juniors less selfish, more considerate of others and it fosters community spirit.

And lastly.—Through the "Junior Red Cross Sick Children's Fund" sick and crippled children are given an opportunity to become strong, healthy men and women, instead of being crippled all their lives.

SASKATCHEWAN

The Junior Red Cross was developed to an amazing extent during the year, 458 new Junior Branches being organized, and many thousands of new members enrolled, bringing the total of Junior Branches to approximately 1,000, and raising the Junior membership to upwards of 45,000 boys and girls. During the year 732 cases of children of needy parents requiring treatment for orthopaedic or other defects by surgeons and specialists, and which the parents were financially unable to provide for them, were reported to the Junior Red Cross and cared for out of the Junior Red Cross Fund for Crippled Children.

Towards the close of the year two motor cars containing all necessary dental equipment and with fully qualified dentists in charge, were placed in the field to provide needed dental treatment for school children in rural districts and at points some distance removed from resident dentist.

The increase in work in connection with the Junior Red Cross necessitated the appointment of a director to devote her whole time to it. Miss Jean Urquhart was appointed to this post on September 6, 1921.

In connection with all Junior Red Cross work emphasis is laid upon the good health aspect, and the Crusade for Good Health is conducted hand in hand with all practical relief measures provided, while the use of a portion of each Friday afternoon in the schools for the study of those humanitarian phases of education and citizenship for which the Junior Red Cross stands is being developed with the warm approval and strong commendation of the Minister of Education.

During the year the Junior Red Cross received noteworthy recommendation and support from the Saskatchewan School Trustees' Association. Following an explanation of the objects and programme of the Junior Red Cross by the Red Cross Commissioner for Saskatchewan, the annual convention of the School Trustee body unanimously adopted the following resolution:

"Resolved: That this convention place on record its approval of the peace-time policy and programme of the Canadian Red Cross Society, and, in particular, the work of the Junior Red Cross on behalf of the crippled children of our Province, and that teachers and school district officials be recommended to assist in this work by encouraging the organization of Junior Red Cross Societies in the schools."

MANITOBA

In the field of child welfare, Red Cross interest has to a very large extent been concentrated upon the Social Service Department of the Children's Hospital of Winnipeg. During the year the nurse maintained by the Society has dealt with

upwards of 1,400 cases, either referred by ward physicians, from clinics and from social agencies; or visited in homes previous to admission, and followed up after discharge.

In July, 1921, Red Cross made provision for the establishment of a Physiotherapy Department—assuming the cost of maintenance of an expert operator, and for installation of equipment. Previous to the establishment of this department there were in Western Canada no facilities for following up operation and X-ray work with the massage and remedial exercise so necessary to best results, except in private institutions where the cost, though perhaps reasonable under the circumstances, is nevertheless beyond the ability of the great mass of people to pay. Of the cases so far treated by the department less than five per cent were able to pay anything. Red Cross has supreme satisfaction in realizing that its entrance into this field has already resulted in removal of almost otherwise certain permanent disability in some cases and decided improvement in many others.

ONTARIO

The work of the Junior Red Cross has been organized entirely by the provincial headquarters, with the untiring support and advice of the Provincial Department of Education, and Mr. McCready reports that 108 schools in Ontario have formed Junior Red Cross Auxiliaries, 107 of which have made contributions to the Ontario Crippled Children's Fund; and new enrollments are now occurring almost daily.

The Junior Red Cross is the chief educational agency of the Red Cross. As developed in Ontario, it works in the schools and through the schools; it seeks to turn the somewhat dull subject of hygiene into the game of health, beginning with the children's personal health habits, widening out into an interest in the hygiene of the school, and of the community. Linked with this care for personal health is the idea of aid for those who have not health; and many crippled children have already been helped by the healthy children of the Junior Red Cross. Attractive posters and leaflets for the pupils are conveying the Red Cross message, but it is to the teachers that the Red Cross looks for co-operation and support.

QUEBEC

A committee to carry on this work was formed, but it was decided that no active steps should be taken until after the summer holidays, consequently, there is not much progress to report under this heading.

Quebec initiated Junior Red Cross organization in Canada, as mentioned in a history of Junior Red Cross published by the League:—

“In 1914, the Red Cross Society of the province of Quebec began enrolling children to help in the making of surgical and other material for the comfort and protection of troops in the field. The idea spread almost immediately into the other provinces, and the Canadian Society has not since that time ceased to add steadily to its school membership.”

Montreal has Syrian, Russian, Greek and Italian units, and in one school, the Girl Guides are organized as a Junior Red Cross Branch. The Quebec Division is making good use of films in junior work.

NEW BRUNSWICK

There are about 2,000 Junior Red Cross members in the New Brunswick Division. The names of these children were secured in the membership enrolment. There are 4 organized branches at Fredericton, Rothesay, Chatham and St. John. The children

are busy making layettes, rolling bandages, making quilts for children's homes and the Fredericton children, under Miss Stewart have raised a considerable amount of money. It is expected to have this movement introduced into the public schools during 1922.

NOVA SCOTIA

During the past six months, a foundation for extensive Junior Red Cross organization has been carefully prepared. The Red Cross in co-operation with the Department of Health and the Department of Education consider the Junior Red Cross one of the biggest factors for propagation of health education for the schools of the Province. The teachers have been prepared for the advent of this organization, which it is hoped to get well under way in September of this year, shortly after the schools open. A complete plan of organization and the purposes of the Junior Red Cross has been placed before the various teachers' organizations, inspectors of schools, the various County Red Cross organizations and many of the religious bodies throughout the province.

We consider health education to be the biggest field in preventive medicine, and the Red Cross is devoting a great deal of its time and activities in Nova Scotia towards this purpose. During the past year, Red Cross health educational moving pictures and addresses were given in 76 localities in various parts of the province. The total attendance was approximately 37,000. At 9 of the various fall fairs throughout this province, Red Cross health exhibits with instructional talks and in most instances health moving pictures were given; large numbers of people were reached in this way.

The Public Health nurses in the field examined approximately 40,000 school children, besides giving 1,604 health talks. The health educational work of the Red Cross in Nova Scotia will be extensively enlarged in the coming year and placed on a more definite organization basis in conjunction with the Department of Education and Department of Health and in co-operation with the various universities and teaching bodies throughout the Province.

PRINCE EDWARD ISLAND

All the city schools except Rochford Square have been medically inspected, and for the latter school, arrangements have been made to complete the inspection before the Christmas holidays. Schools have also been inspected at 15 different places throughout the province.

During exhibition week a Child Welfare and Public Health Booth was held in the Exhibition Building. 407 children were weighed and measured and 10 babies weighed and advice given to the mothers.

THE VICTORIAN ORDER OF NURSES

Chief Superintendent: Mrs. HANINGTON

Medical Director: Dr. McEACHERN

Ever since its organization twenty-five years ago, the Order has taken a deep interest in child welfare and its work for mothers and children has been done in the homes of the people. It has assisted considerably in the advance of child welfare and in particular of Infant Hygiene in connection with its general district nursing.

The number of visits to the homes of babies chiefly under the two year period, during 1921, amounted to 53,015. Also in connection with the bedside care of obstet-

rical cases, 20,833 prenatal visits have been made during the same period, which means in the final analysis just that many more child welfare visits.

The nurses of the Order still feel that more time should be spent in home visiting, especially during the first six months. It is during this period that many mothers discontinue breast-feeding, in many cases through lack of knowledge that the milk supply can be increased, or supplemented.

The nurses of the Order are co-operating with the medical profession to have the importance of breast-feeding recognized.

The number of Victorian Order Centres conducting Well Baby Clinics is 32. The "Weighing Station" which the Order has experimented with during the past year, has proved so far a good arrangement. The baby's weight is regularly recorded and the mother is advised as to the principles of Infant Hygiene, but any departure from normal breast feeding is considered to be treatment, and the mother is instructed to seek medical advice. The "Weighing Station" is also placed at the disposal of private practitioners for regular weighing and charting.

The Order has also issued publications, among which is "The Establishing and Re-establishing of Breast-Feeding" by Edith Haslam, R.N.

FÉDÉRATION NATIONALE SAINT-JEAN BAPTISTE

President: Mme. GERIN-LAJOIE

Secretary: Mlle. JEANNE BARIL

This association is well-known for the good work done in Child Welfare, including efforts in a great many parts of this wide field. At the Annual Conventions of the Association much attention is given to child hygiene, to the instruction of school children in home duties, arts and domestic science, and also to the institutional care of children. The paper by the President, at a recent annual conference, printed in the appendix, is an important contribution to the subjects of child labour and women in industry.

FÉDÉRATION DES FEMMES CANADIENNES FRANÇAISES

President General: Mme. P. E. MARCHAND

Corresponding Secretary: Mlle. Y. BAUDRY

This Association carries on many child welfare activities, especially in the following ways:—

Helping expectant mothers and when necessary, providing them with comforts and layettes.

Assisting the returned soldiers' families through branches of the Great War Veterans Association.

Helping the Misericordia Hospital, St. Joseph's Orphans' Homes and the Detention Homes.

The Association also takes a great interest in the children attending the bilingual school and gives prizes and medals for the pupils.

During the past year \$3,700 were raised by the eleven branches of the Association in Quebec, British Columbia and Ontario, and of this amount \$3,600 were expended in philanthropic and educational work, most of which was for the benefit of the homes, or for maternal and child welfare.

IMPERIAL ORDER OF THE DAUGHTERS OF THE EMPIRE

REPORT OF CHILD WELFARE COMMITTEE, 1921-22

Abstract

The report refers to the needs of neglected and dependent children and mentally defective children, adding:—

We suggest concentrating in provinces; getting nursing and medical service in rural districts; the Chapters to find out from their Government on what terms they would help in extending such service, and Chapters to take some responsibility for raising funds for such, or such co-operation as would be necessary to benefit under the service.

The report then gives a detailed summary of practical child welfare work accomplished by the Chapters in the different provinces, including the establishment of children's hospitals, preventoriums, and children's homes, also contributions to the support of institutions for children, and work in connection with the schools. Some Chapters have been instrumental in organizing Well Baby Clinics and others have done varied work for child welfare.

THE NATIONAL COUNCIL OF WOMEN

Convener, Public Health Committee: Mrs. N. C. SMILLIE

The National Council of Women of Canada was organized in 1893 and has federated Dominion-wide organizations of women and established Provincial and Local Councils. The latter affiliate the local organizations.

All these councils present annually their united opinion to official bodies on many subjects needing reform; and, from the first, child welfare and public health have been the rallying point of activities.

To create an intelligent public opinion, the National Council has conducted educational campaigns against tuberculosis, infantile mortality, venereal diseases, and mental deficiency, and for the establishment of the Federal Health Department, asking especially for a child welfare branch.

The Provincial Councils have in many cases materially assisted in securing mothers' allowances, co-guardianship of children, and better provision for the illegitimate child.

The Local Councils have initiated child welfare in many cities, by establishing Better Baby Clinics and contests, medical inspection of schools, mothers' allowances, dental and psychiatric clinics, milk by-laws that include tuberculin testing of dairy herds, pure milk depots, pure food exhibits, and playgrounds. Frequently the demonstration of these has secured their incorporation in the municipal health departments.

At present the National Council is trying to secure an improved cold storage act; a state maternity attendance act; and many amendments to the criminal law that affect child life; also town planning and better housing.

Local councils are asking for abattoirs, bake shop acts, wider use of milk to prevent malnutrition, public health nurses, and many other reforms bound up with the welfare of the child, in the home, the school, and the community life.

JUVENILE COURTS

*Extract from a letter written to his son by the Hon. Colin H. Campbell,
Attorney General of Manitoba*

NAPLES, December 2, 1913.

MY DEAR BOY.—As you know, daddy's birthday is on Christmas day, a day that brought peace and good-will to earth. I want to write you a letter for Christmas (with a little story about you in it).

I had long thought that we were very unwise in dealing with little boys and girls for errors of judgment and harmless escapades, forgetting all the time that they were guided a great deal by their instincts and that they were not fully capable of exercising a mature judgment. Many a little boy has been injured for life by being dragged to a police court for doing something which in a more fortunate boy would go unnoticed. The little chaps did not deserve to go to jail and have the bitter recollection of having entered such a place, the dark blot in memory remaining with them and I believe never effaced from their memory.

Well, you were very fond of fruit, which Mother kept on the sideboard, and one day Mother issued an admonition that you were not to take any more, but the fruit looked so tempting that you could not resist and took some. Mother carefully reprimanded and remonstrated and took you upstairs, gently reproving you for your roguish action. Well, the same afternoon Daddy was in his office, the Bank of Hamilton office, not his present office, where he had a good view of Main Street, and looking down he saw a great big policeman dragging a boy older than you, taking him to the police station, where he would be brought before the police magistrate after remaining there over night, associating with bad men and women and getting his young heart embittered and his mind poisoned. On enquiry I found that the boy was passing in front of one of the very tempting fruit stalls, and with similar instincts that you had, took some fruit. Of course he did wrong but it was the act of a child that deserved treatment in a more kindly way. I could not but feel deeply for the way that boy and other children were treated who had done something technically wrong but whose hearts were in reality full of goodness if properly directed and that often the parents were more to blame than the child.

I resolved then to try and get a Juvenile Court for dealing with children established in Winnipeg and after some considerable time I had this established under the law. The Hon. T. M. Daly became the first judge of the first Juvenile Court and it has been followed by many others and marked a new era for dealing with children.

You will read of the good work it has accomplished already and the good work it will continue to do, and many a child and his father and mother will rejoice that a child has no more to be dragged by a policeman to a police court, but is taken quietly and gently to his own home to his parents and they are told to come to the Juvenile Court in the morning. Here, the father and mother, the judge and the child talk the matter over, the probation officer has in the meantime looked into the act complained of and the child's surroundings at home and his companions, and the most tenderly and fatherly advice is given.

In this way of doing, hundreds of children are made better, and their homes are made better, and child life is made an inspiration for better things.

Daddy would like you to remember these things and some day when I get stronger I will write more about it so that you will know what compensates me more than anything else for the stress and strain in my position as Attorney General for Manitoba.

I would like you to think of this at Christmas when our hearts are full of kindly thoughts for others.

CO-ORDINATION OF CHILD LABOUR LAWS IN CANADA

WITH SPECIAL EMPHASIS ON THE PRESENT STATUS OF CHILD
LABOUR LEGISLATION IN CANADA, IN COMPARISON WITH THE
TERMS OF THE DRAFT CONVENTIONS OF THE
INTERNATIONAL LABOUR CONFERENCES

By J. A. P. HAYDON

*A Paper read at the recent Conference of the Canadian National Council
of Child Welfare*

The treaty of Versailles contains, as is well known, a Labour Chapter. This chapter has been referred to by one Canadian statesman as Labour's Magna Charta, but up to the present the high ideals upon which it was founded are not effective in Canada, although I am optimistic enough to believe that in our own day and generation these high ideals—complete social justice and humane conditions of labour—will prevail. The way may be long, the road rough and the task almost insurmountable, but never shall the bugle sound the retreat. We are on the march toward the goal to which we have set our faces and we shall not be content until we have reached the high uplands which will bring a new life and a new day for the great toiling masses.

The Labour Chapter wherein is recorded these high ideals outlines what is considered essential in their establishment and declares in the preamble:—

“Whereas, the League of Nations has for its object the establishment of universal peace, and such a peace can be established only if it is based upon social justice;

“And whereas conditions of labour exist involving such injustice, hardship and privation to large numbers of people as to produce unrest so great that the peace and harmony of the world are imperilled; and an improvement of those conditions is urgently required; as, for example, by the regulation of the hours of work, including the establishment of a maximum working day and week, the regulation of the labour supply, the prevention of unemployment, the provision of an adequate living wage, the protection of the worker against sickness, disease and injury arising out of his employment, the protection of children, young persons and women, provision for old age and injury, protection of the interests of workers when employed in countries other than their own, recognition of the principle of freedom of association, the organization of vocational and technical education and other measures;

“Whereas also the failure of any nation to adopt humane conditions of labour is an obstacle in the way of other nations which desire to improve the conditions in their own countries;

“The high contracting parties, moved by sentiments of justice and humanity, as well as by the desire to secure the permanent peace of the world, agree to the following:”

To bring effect to these, international co-ordinated action is necessary and the Treaty of Versailles established an International Labour Organization which holds annual conferences where co-ordinated action is agreed upon, subject to ratification by the various countries represented therein. Furthermore, Part 23 of the Covenant of the League of Nations, declares:—

“Members of the League will endeavour to secure and maintain fair and humane conditions of labour for men, women and children both in their own countries, and in all countries to which their commercial and industrial relations extend and for that purpose will establish and maintain the necessary international organizations.”

This makes it imperative on the part of Canada to take action to bring into effect complete social justice and humane conditions of labour, within the confines of this Dominion, without regard to progress in other countries. However, under the Constitution of Canada co-ordinated action between the Canadian Government and the various Provincial Governments is essential.

Canada has, from time to time, attempted co-ordinated action and some progress has been recorded.

Shortly after the conclusion of the world war the Canadian Government established a Royal Commission on Industrial Relations. This commission, which was presided over by Chief Justice Mathers, sat in most of the industrial centres of Canada, heard many witnesses and made a thorough investigation of industrial relations as they existed in Canada. In the majority report this commission recommended:—

"The enactment of any legislation necessary to give effect to our recommendations is not within the competence of the Parliament of Canada, we suggest that in order, if possible, to secure concerted action on the part of the different provincial legislatures, a conference should be held in the near future in the city of Ottawa. To this conference we suggest that the Premiers, or other members of the Governments of each province, together with representative labour men and representative employers, be invited for the purpose of considering the whole question, and, if possible, arriving at a unanimous decision. We believe it is in the interest of harmony that concerted action along this line should be taken and we know of no better means of bringing about unanimity. At such conferencee the question of unifying and co-ordinating the existing legislation bearing on the relations between employer and employees, now in force in the several provinces and in the Dominion, might be carefully considered and reviewed."

The National Industrial Conference was subsequently held and many matters discussed. One of the recommendations provided for the calling together, by the Federal Government, of a Dominion-Provincial Conference on the Unification of Labour laws. This conference was also held and a number of recommendations were adopted which would tend towards the co-ordination of existing legislation so that there would be some equality in the various provinces. One of the matters discussed at this conference has a distinct and important bearing on the subject of child welfare, namely:—

WORKMEN'S COMPENSATION

Three of the provinces, Prince Edward Island, Quebec and Saskatchewan have, at present, no compensation legislation based on compulsory state insurance. All of the other provinces have modern Workmen's Compensation laws.

Many injustices and inequalities result from the lack of co-ordination in the matter of Workmen's Compensation legislation. Let us take one concrete incident. J. R. Booth, Limited, operates the largest industry in the city of Ottawa. The capital is a border city and we find that many of the employees of the J. R. Booth Company are residents of the province of Quebec. The Booth Company, as we have previously stated operate in the province of Ontario and are compelled under the law to pay certain specified sums of money into the State Accident Fund of that province. However, should one of the employees of this firm, resident of the province of Quebec, whilst at his work in the province of Ontario, be killed, the widow and children, under the law, do not receive the compensation they would receive had they been residing in the province of Ontario at the time of the death of the bread-winner. With co-ordinated Workmen's Compensation in all of the provinces of Canada there would be equality of treatment for all widows and children of workers killed in industry.

The Canadian Labour Movement, as represented by the Trades and Labour Congress of Canada, has endeavoured to get the desired co-ordination by representations to the various Provincial Governments, but, whilst we are hopeful, the desired results have not yet been attained.

MINIMUM AGE FOR ADMISSION

The variations in the minimum age for the admission of children into industrial undertaking and commercial pursuits is one that should be the very grave concern of the Canadian National Council of Child Welfare.

Child labour should be abolished and I believe all of the people here assembled believe that it is most desirable that this be done. For this reason I do not need to dwell upon its causes and effects for you are all acquainted with them in your various activities in connection with social service work. However, the Canadian Labour Movement desire that child labour be abolished and for that reason have insisted that the minimum age for the admission of children into industrial undertakings and commercial pursuits be fixed at sixteen years. However, the inequalities of our present child labour laws are again apparent when one examines the varying provisions in the different provinces of Canada. Ontario has taken the forward step and has fixed the minimum age at sixteen years—and at this point let me say that strenuous efforts are now being made to destroy this humanitarian legislation—not on the ground that it abolishes child labour but rather on the false plea of economy. The ages in other provinces are: Nova Scotia, fourteen for girls and boys, except for some occupations; New Brunswick, fourteen for boys and girls; Quebec, fourteen for boys and girls; sixteen for boys, and eighteen for girls in dangerous occupations; Manitoba, fifteen for girls, fourteen for boys; Saskatchewan, fourteen for boys, fifteen for girls; Alberta, fifteen years; no provision for unhealthy occupations; British Columbia, fifteen for girls, fourteen for boys.

HOURS OF LABOUR

The hours which children may be employed in industry and commerce also need co-ordinating. It is specifically stated in the Treaty of Versailles that the hours of labour should be eight in the day and forty-eight in the week, yet in the provinces of Alberta, New Brunswick, Ontario and Quebec we find that children may be employed for ten hours per day and sixty hours in the week, although in the province of Quebec textile workers may be employed for fifty-five hours per week only. In the provinces of Manitoba and Nova Scotia children may be employed for nine hours per day and fifty-four hours per week. Only in British Columbia and Saskatchewan is the eight hour day and forty-eight hour week effective for children in industry. All will agree, therefore, that reform is necessary in this direction and co-ordination essential.

While the minimum age for the admission of children into industrial undertakings and commercial pursuits is still below the desired standard in many of the provinces and the hours of labour far from those declared in the Treaty of Versailles to be "the standard to be aimed at where they are not already attained" we are making progress. The great Labour Movement has played no small part in the movement for better opportunities and protection of children in industry. When one recalls that not so many years ago children were employed in the textile industry of Lancashire, Derby and Nottingham, being recruited from the workhouses and employed at the ages of seven years and upwards for a period of sixteen hours per day, we must admit we are making progress. It was only on July 1, of this year, that child labour was prohibited in British industry, and hereafter no child under the age of fourteen years may be employed, even as a part-time worker in British industry. Let us work, hope and pray that the day will soon come when no child under the age of sixteen years shall be employed in any industrial undertaking or commercial pursuit.

SCHOOL LEAVING AGE

It would be useless to amend the Factory laws to prohibit the employment of children under the age of sixteen years unless provision was also made for the free and compulsory education of children up to the age of sixteen years. It has therefore been found necessary to consider both questions jointly and the Canadian Labour Movement, as represented by the Trades and Labour Congress of Canada, has also requested free and compulsory education for children up to sixteen years.

It is apparent that the school-leaving age and the age for admission into industry should be the same.

Like other matters affecting child labour, there has been no co-ordination in Canada.

MINIMUM WAGE

Some of the provinces of Canada have no minimum wage laws and whilst minimum wage laws are primarily for the benefit of women wage-earners provisions are made in some of the Acts giving the board jurisdiction over young persons as well. Any one who has had experience with the working of the Minimum Wage Boards will readily understand this necessity. Again let me refer to Ontario where the board has no power over young persons. When the board made its award for women employed in retail stores a number of employers immediately discharged their female employees and employed boys, ranging from fourteen years upwards, in their stead. Boys were from one to two dollars per week cheaper than girls and this was the excuse. Of course in Ontario under the Adolescent School Attendance Act these boys must now secure certificates from the school authorities to allow of their continuance, but I regret to say that in some instances the certificates are too freely granted. I believe this is only a temporary arrangement and the day is approaching when no child under the age of sixteen years can be legally employed in industrial undertakings and commercial pursuits in Canada.

MOTHERS' ALLOWANCES

Mothers' Allowance laws are not effective in all of the provinces and here again the great Canadian Labour Movement has pressed for uniform legislation in all of the provinces of Canada.

VOCATIONAL AND TECHNICAL EDUCATION

This important legislation was created upon the recommendation of a commission representative of employers and employees appointed by the Government. Some real progress is here being made and a fuller development is essentially in the interests of Canada. Some of the provinces have not, as yet, taken full advantage of it, but real progress is being made and when the school leaving age is fixed at sixteen years in all the provinces, with provision for the adolescents above the age, then real and substantial progress will have been made.

There are many other topics upon which I might touch but I believe those quoted are sufficient to convince all those interested in child welfare that some action is necessary to co-ordinate the child labour laws of Canada.

Under the British North America Act certain rights and privileges are vested in the various provinces. Most of the provinces resent any action which would deprive them of exercising their fullest rights and privileges under the British North America Act. For this reason extreme care is necessary in approaching the subject of the co-ordination of child labour laws. The Trades and Labour Congress of Canada believe that the findings of the International Labour Conferences should be treated as Treaty obligations but successive Governments have decided otherwise. We have suggested that the British North America Act be amended, if necessary, to allow for this action.

Again we tread on a delicate subject. The British North America Act was enacted two years after the American Civil War which was due primarily to the fact that the United States Federal Government had too much authority over the State Governments. However, the Canadian National Council of Child Welfare can be a medium of great value and strength to the forward movement for a better Canadian citizenship. Through this medium statistics could be compiled showing the number of children employed in each province, the state of their health, the hours worked, wages paid, etc. The organizations represented in the Canadian National Council of Child Welfare could also assist in the securing of needed reforms and it is only by co-ordinated action in our own Dominion that we can bring to our own people the high ideals outlined in the Treaty of Peace, namely, complete social justice and humane conditions of labour.

In conclusion, let me state that labour is not only in sympathy with, but will support all movements for the conservation and betterment of humanity. In fact, a compelling sense of responsibility for human conservation and the desire to protect individual interests are among the causes for organization among the workers. In labour's economic platform are demands for a shorter working day and a living wage—two conditions absolutely essential to physical well-being. Organized labour insists upon safety, sanitation, compulsory education and many practical educational developments and advantages which aid the individual to reach the fullest expansion. We would have the children develop sound bodies and strong, healthy minds, would fit them for productive living and would enable them to do the best work of which they are capable and then assure to them a just compensation.—*Canadian Congress Journal*.

FEMALE AND CHILD LABOUR IN THE PROVINCE OF QUEBEC

In June, 1920, in Montreal, at the annual meeting, Mme. M. J. Gérin-Lajoie, Vice-President of the Fédération Nationale Saint-Jean Baptiste, delivered a lecture on "Female and child labour in the Province of Quebec" which was printed in the September issue of *La Bonne Parole*, the official monthly publication of the Federation.

"We may say," Mrs. Gérin-Lajoie stated, "that in our country the married woman who works outside is still an exception and that the army of women workers is principally recruited among girls and widows. Official statistics do not give the percentage of married women who work, but we know, through the inspectors and our trade organizations, that the married women in need of earning her own living does not go to the factory or store. She is too often found, unfortunately, among char-women. . . . The working girl only temporarily accepts the occupation in which she is engaged outside her home, and one understands why the female workers have not, in their casual career, a man's ambition and do not subject themselves to a long period of apprenticeship. The prospect of an early marriage keeps them away, as a general rule, from positions which would demand a sacrifice of time; what they want is to make an immediate gain which may be sufficient to meet present needs, and that is all. Certain careers, however, which are useful to family life, are particularly sought by them; and for such occupations they subject themselves to a more elaborate preparation. These are the needle, clothing and millinery trades, and among professions; teaching and nursing attract them in large numbers." Woman's work, it was claimed, is naturally subject to the economic conditions of our times, and as specialization is one of the characteristics of modern work, it is probable that women workers will specialize more and more.

It was pointed out that according to the 1911 census there were then 364,821 women in various employments, divided as follows: Agriculture, 15,897; building trades, 211; domestic service, 138,879; public administration, 4,073; fishing and

hunting, 265; forestry, 13; manufacturing, 98,561; mining, 61; professions, 57,835; trade, 42,184; transportation, 6,852. The above figures have, however, changed in the last few years, and there is to-day further information as to the work in industry by women in Canada. The Bureau of Statistics, Ottawa, published in 1916 the results of an investigation into the conditions of industry in Canada. There were 21,306 establishments investigated, of which 7,158 were in the province of Quebec. "These establishments," Mrs. Gérin-Lajoie stated, employ 514,838 persons subdivided into two categories: superior employees receiving a salary, such as superintendents, managers, office clerks and unskilled labour or wage-earners. At the top of the ladder are found as superintendents, managers, 15,639 men and 730 women, of whom 191 are in the province of Quebec. Office clerks throughout Canada number 26,883 men and 9,431 women, 2,277 of whom are in the province of Quebec. Finally, among female wage-earners there are 462,200 persons in Canada. Women may be classified in the above total as follows: 74,458 women above 16 years of age; 3,900 girls under 16; 5,631 women working at home; or a total of 83,989 women. Add to it 10,161 superior employees and clerks, and you will find that a total of 94,150 women contribute to the industrial wealth of this country." As the value of manufactured goods is estimated at \$1,407,137,140, if you deduct therefrom the value of raw materials which is \$802,135,862, there remains a value of \$605,001,278 which is furnished by labour. "And here," said Mme. Gérin-Lajoie, "I particularly draw your attention to the fact that women constitute 18 per cent of industrial labour, or nearly one-fifth of the total. It is for you to judge the importance of their contribution to national prosperity. And we have said nothing of trade, of agriculture, where they are found in such large numbers; nor of the transformation of raw materials at home, by the wife, in the shape of food products, clothing, etc."

Having thus shown the part played by women in the industrial life of the province, Mme. Gérin-Lajoie reviewed the legislation enacted by the Quebec Legislature in connection with female and child labour. This review may be briefly summarized under the following heads:—

Education.—Any child over 16 years of age who wants to work must first secure a certificate showing that he can read and write, said certificate to be given by an inspector and to be produced upon request. At the present time, probably between 4 per cent and 5 per cent of the children are illiterate, and if a child does not possess a sufficient education the inspector may force him to attend an evening school. Unfortunately, evening schools in Montreal exist for boys only, private organizations only having a few schools for girls.

Age.—As to the age at which a child may begin work, the provincial legislation is very incomplete and practically applies to industry only; the other careers are hardly regulated. A child of either sex cannot start working until it is 14 years old; in establishments considered as dangerous a boy under 16 years of age cannot work, nor a girl under 18. Women of any age are prohibited from working in the mines. Inspectors are often deceived as to the age of children seeking work; widows and wives neglected by their husbands are often tempted to practice this kind of deception, and Mme. Gérin-Lajoie thinks the adoption of a Mothers' Pension Act might perhaps bring a remedy to this evil. In other provinces of the Dominion the regulations may not be more complete than in Quebec, but compulsory education checks abuses.

Hours of Labour.—As to hours of labour, the same difference is to be found between industry and other public establishments. In industry the general rule is 60 hours per week, and the time may not exceed 12 hours per day. Work may not commence before 6 a.m. nor be continued after 9 p.m. It is a practical prohibition of night work for women and children. The cotton industry is subjected to special regulations. No woman or child may work in that industry more than 55 hours per week or more than 10 hours in any day. Work must not begin before 7 a.m. or continue after 6.30 p.m. In case of emergency the inspector may authorize overtime, but in no case shall any work be done between the hours of 9 p.m. and 6 a.m.

As far as stores are concerned, the legislature has authorized municipalities to make early closing by-laws. "Customs at certain times do more than laws. Thanks to an educational movement which is steadily increasing and which a Congress like the present one accelerates, social sense is increasing among employees, and usages tend to a reduction of the store female employee's working day."

Meal Time.—In the cotton industry the law requires that a full hour be granted for the noon meal; in other industries nothing is specified, but according to custom at least one hour is given the female worker for her dinner, and in all industrial establishments the female worker must be able to get some fire to warm up her food. If the importance of the establishments warrants it, the inspector may require that a separate dining-room be set aside for female employees. This requirement is of particular importance in the boot and shoe industry, on account of bad odours. In some cases a restaurant is connected with the establishment and there is a rest-room which female employees may use freely.

Seats.—In factories the employees are almost always seated while working, so that the law concerning seats hardly applies here; it affects more particularly store employees. The law requires the employers to put some seats at the disposal of employees so they may sit down when their work permits them to do so. This law is very much disregarded, on account of the lack of inspection of stores.

Inspection.—“We have just mentioned the lack of inspection of stores which is felt in spite of the remarkable devotion of our inspectors to duty; the same defect is to be found in small industrial establishments. Statistics mention 1,415 small shops employing a maximum of five hands in the province of Quebec. How can they all be visited with fourteen inspectors only, and yet the law can be efficient only on condition that its enforcement is closely watched. Six male and two female inspectors for the city of Montreal. Is that enough?”

Home Work.—There are in the province of Quebec 1,758 women working at home in the following occupations: clothing, millinery, furs, toilet articles, and boots and shoes. There is no law on the matter, but “our committee,” Mme. Gérin-Lajoie stated, “by suppressing the middleman and itself making the contract, has secured a substantial raise of the home worker’s wages.”

Minimum Wage.—A law was recently enacted by the Provincial Legislature fixing a minimum wage for women in industry, but it is alleged that this law is not being enforced, because no funds were voted for its enforcement, and also because public opinion does not appear ready to accept it, and it is not believed that it will prove effective in raising women’s wages. Mme. Gérin-Lajoie tells us that “female workers themselves think a minimum wage is a premium to idleness and that in a system where the employer has decided to spend a certain sum only on his working staff, what he pays with one hand he will withdraw with the other; what he gives to unskilled workers will prevent an increase in the competent employee’s wages.”

Mme. Gérin-Lajoie thinks the province of Quebec is ahead of most other countries in the matter of legislation concerning female and child labour and that provincial legislation and the customs of the various trades have secured for them most of what was asked for in the resolutions adopted at the International Labour Conference held at Washington, D.C., in October, 1919. In her opinion, the more pressing reforms are of the moral order and to be realized they need the co-operation of women themselves. “What must be given the working woman is a well-tempered character in order to meet the duties of her condition; a consciousness of the part she plays in the working world and of the effect of her acts on the destinies of the proletariat. . . . Formation of the mind through a general culture, efficiency acquired through technical education; such are the lines on which the reforms should be made. Public authorities should have the right to interfere, but women workers must, after all, rely mostly upon themselves for the improvement of their conditions.”

—*The Labour Gazette.*

TORONTO AS A PEDIATRIC CENTRE

In the following article on this subject, by Dr. Alan Brown, of Toronto, appearing in the "*Canadian Medical Monthly*," the author discusses a number of topics of importance in child welfare:—

The history of the growth of pediatrics in the American continent is interesting, starting as the subject did as a subdivision in medicine, and developing gradually until in many medical centres it is now accredited as a separate department, and offers in many schools positions for full time teachers of pediatrics parallel with positions in medicine and surgery. Its growth from a purely academic standpoint is of considerable interest and importance. At first the field of pediatrics was limited mainly to that of infant feeding, and growth along this line has probably been greater and more efficient than in any of the other subjects in pediatrics. In almost every university medical school the subject of infant feeding has been developed soundly and broadly, not only in the laboratory, in the hospital and the out-patient department, but also in connection with milk stations and follow-up work. This growth has been rapid and gratifying to all those who have had an opportunity to follow the development in its entirety, and such growth should set the standard for the development of the other legitimate fields in pediatrics, for it is only by the unification of laboratory, hospital and social factors that any of the problems of child welfare can be worked out satisfactorily. The medical schools, even in this field, have differed in the emphasis put on these three lines of development. In some schools the purely teaching phase has predominated, while others have dwelt largely on research work in infant metabolism, and again, the social work has lagged far behind. But from the field of pediatrics as a whole, certain high standards have emerged from all lines, and not the least of these is the child welfare social work.

The emphasis in infant feeding and the splendid development of the early problems of nutrition have led, at length, to a study of the period of early and late childhood, and to the importance of dietetics in the prevention and treatment of disease during those periods of child life. It is just here that the pediatric department needs a close relation with the department of nutrition and dietetics in the university. It is a difficult matter in a large clinic to work out individual dietaries for patients, but with the assistance of trained dietitians and graduate students in dietetics, it is possible in a hospital and out-patient department to obtain more rapid and satisfactory results. The pediatric department, on the other hand, offers to the department of nutrition a practical laboratory, so to speak, filled with concrete problems, and thereby lends an immediate focus to the classroom work in dietetics and adds a field for practical experience.

The familiarity with development and growth and the studies in these subjects are constantly opening newer and wider fields for investigation and teaching. The realization of the relation of internal gland secretion to physical and mental development indicates that great progress in this field is to be expected. Recent studies in this branch indicate many lines for research work which must be the ground work for future conclusions, and which necessarily carry a purely medical department into fields better developed at present in academic departments.

The importance of an early recognition of mental defectiveness or the early origin of mental disturbances arising during the period of adolescence demand a broader and more comprehensive handling of the subject than most medical schools are to-day prepared to give, owing to the fact that few medical men have had a sufficiently wide training in psychology. The academic department of psychology should be prepared to give most valuable assistance to the department of pediatrics. The abnormal psychology of the child and its physical manifestations and retardations are a part of the pediatric field which needs the affiliation with the field of psychology. The out-patient department is constantly offering material for such united study.

The development of pediatrics has brought other more obvious relationships with the large community problems. Work in the contagious diseases and many of the infections which are more often encountered in infancy and childhood than in later years, is receiving attention from the teaching standpoint, as well as from that of research, which is necessary for healthy growth in any line. This growth is not nearly so advanced as it is along the lines of infant nutrition and development. To study these types of infectious diseases, connection can be made between pediatric departments and local and provincial Boards of Health which are constantly in touch with the larger community problems. To my mind, it is only by a close co-operation of hospital and laboratory with medical school inspection and Boards of Health, both local and provincial, that these larger questions of control of infection are going to be satisfactorily solved. It is, therefore, fitting that a provincial institution should interest itself in these larger problems relating to child welfare, a responsibility and duty which is inadequately met at present. The need for and advantage of co-operation between pediatric departments and all public and quasi-public institutions dealing with the problems of infancy and childhood has already been demonstrated in many centres. There is hardly a large or well organized department of pediatrics which is not sought after for advice by children's institutions either for regular medical supervision or at least in times of sickness.

The advantage of such relations with a department of pediatrics, rather than with individual physicians stands out clearly to all who deal with either side of this question. It gives the institution seeking aid uniform medical supervision and the advantages of laboratory and hospital equipment, which from individual physicians can be obtained only in an often unsatisfactory way or to a limited extent. Such institutions as infant shelters or homes for orphans or destitute children and children's charitable associations, by having a definite connection with a pediatric department not only have the advantage of the usual medical inspection, but should also have the advantages of all the other lines of activity controlled by the department, such as social service, investigation of children before admission to the institution, continuous medical supervision and psychologic examination.

With these points in mind the Department of Pediatrics in Toronto University has been, within the last year, reorganized and while our aims are high we feel that they are by no means beyond our reach.

Toronto is a city of approximately 500,000 inhabitants. The Children's Hospital, which is the centre of the Department of Pediatrics, is the only hospital of its kind in both the city and province; the latter with a population of approximately two and a half million, thus the material for both teaching and research is almost unlimited and by comparison with other hospitals of its kind is second to none both as to equipment and material to draw from.

The hospital has 175 medical beds in addition to 40 beds for newborn infants situated in the Toronto General Hospital directly opposite to the Children's Hospital; there are thus 215 beds available for the Department of Pediatrics from birth to 14 years of age under practically one roof. During the past year there were 1901 medical in-patients and 15,000 medical cases in the out-patient department. There are 50 beds for children over 18 months; 75 beds for children under 18 months (not including the newborn) and 50 beds for infectious diseases.

These figures are interesting when compared with those cited by Morse in which it is shown that Harvard Medical School has only 174 beds (exclusive of the Floating Hospital and the City Hospital for Contagious Diseases) for teaching purposes and these scattered throughout six different institutions hence the obvious disadvantages of the scattering of material, however good it may be.

There are at present twelve individuals connected with the department of pediatrics, eight of whom are pediatricians exclusively. Of these eight men six received part or whole of their training in the following clinics, New York, Boston, London, England, Munich and Berlin so that in this way a varied staff has been collected.

These men, who came to the hospital already trained by pediatricians of different institutions, bring with them the ideas of their teachers, thus making it possible for the hospital to embody within itself well trained men from various clinics. In this way it cannot help but have a broad mind and tends naturally to the development of what one might term a cosmopolitan clinic, but at the same time endeavouring to develop very definite Canadian methods. The active staff of the department is made up of young men, all of whom are actuated by a common purpose, to do just as good work as they can, to teach as well as they know how and to make Toronto the centre for pediatric teaching in the Dominion. They are willing to sacrifice themselves and their practice for the good of the university and for the advancement of the teaching of pediatrics in this country. Everyone in the department is anxious to do all that he can to give every under-graduate and graduate just what he is looking for and needs.

The hospital is divided into four services, viz: 1st and 2nd Divisions, Neurological, including Psychology, and Infectious Divisions each having a chief with their respective associates and assistants. The out-patient and in-patient department staffs are the same so that physicians attending a case in the dispensary follow it to the ward, with very obvious advantages to both patient and clinician. Staff Conferences are held twice a month for discussion of hospital policy, methods of teaching, case reports and research work, etc.

OUT-PATIENT DEPARTMENT

The average attendance at the medical clinic is approximately 50 per day, the maximum being 125. Two days a week are reserved for special clinics in tuberculosis, syphilis, neurology, dermatology and malnutrition in older children, while the other days are occupied by routine cases. Each clinician is supplied with a separate cubicle of his own. A clinical laboratory is located in the dispensary in charge of a laboratory worker for routine, urine, blood and stool analyses. The child welfare and social service nurses of the local Board of Health conduct all the follow-up work necessary in this department. There are present each day, one clerk and two Child Welfare nurses supplied by the Health Department (Division of Child Hygiene). In order to facilitate the distribution of patients to their respective clinicians, V.A.D. nurses of the St. John's Ambulance Corps are supplied. Our experience in this line has been most gratifying, it relieving the hospital nurses of much arduous work and saving them for giving more technical assistance to the various physicians in the department.

Among the special features of the hospital might be mentioned the infants' department which has accommodation for seventy-five children under eighteen months. This department is so arranged that one floor accommodates the entire department which is subdivided into glass cubicles. The floor is divided into two divisions by a central corridor and further subdivided by cross corridors, for purposes of ventilation. Opening off the central corridor are glass cubicles each accommodating two or three infants and four larger cubicles holding six to eight children each. At one end of this central corridor is a larger balcony fitted with glass windows and hot water coils. In addition to the cubicles there is a small operating room, feeding pantry, clinical laboratory and wet nurses' quarters.

Each cubicle is equipped with hot and cold water and separate heating and ventilating systems with an exhaust for the impure air. Each child is bathed and changed in its respective cubicle, where all the necessaries are kept. With this arrangement there is access to three different temperatures for therapeutic purposes. What is designated as the "hot room" or "premature room" is one set aside exclusively for the use of premature children and those with an unstable thermo-regulating apparatus. This room is kept at a constant temperature of 80 degrees. The other cubicles are regulated so that their temperature is kept as nearly as possible to 60 degrees to 65 degrees. The balcony is maintained at the temperature of the

outside air provided it does not go below 40 degrees F. In addition to these advantages there are appliances for the administration of steam in tents and current from a galvanic battery for diagnostic purposes.

The advantage of such a cubicle system is obvious—each cubicle in itself is a unit and in this way cross infection is reduced to a minimum.

LABORATORIES

The institution is fortunate to have a late associate of the Rockefeller Institute as Director of Chemistry of Infant Nutrition. Under the control of this director are three well equipped chemical laboratories used for investigation into the various nutritional disturbances of infancy and childhood. An excellent opportunity is thus afforded to those interested in this particular branch of graduate work. The Pathological and Bacteriological laboratories besides conducting the routine work in the institution afford excellent facilities for study in both these branches of work. There are approximately 300 post mortems per year performed on children ranging from birth to fourteen years of age. Last but not least is a well equipped pasteurizing plant and milk modifying laboratory under the control of two graduates in household science. In this laboratory alone as many as 150 milk modifications are made each day; both students and practitioners are taught the home modification of milk in this department.

CHILD WELFARE WORK

The hospital is made the clearing house for infant and child welfare work for both the city and province. There the Health Department physicians and nurses receive their instruction, and to this institution are referred the different problems of child care that arise throughout the various clinics (of which there are 25) in the city. In these clinics the undergraduate medical student is taught how to feed the normal infant and child.

In addition to the already mentioned departments and laboratories special clinics are held twice a week in tuberculosis, neurology, dermatology, syphilis and malnutrition in older children. Each clinic is supervised by men trained in their respective specialty. It is the hope in the near future to establish clinics for mentally defective children and cardiac cases.

With this organization we feel that the hospital in addition to caring for the sick is a real community centre and in this manner can offer to the medical student or practitioner or even specialist just as wide and practical a field as is possible. While for the future physicians, the broader the contact with concrete problems during his period of training, the sooner will he be able to make his own definite contribution to medical life as he in turn meets it in home, school, hospital and community. For the physician to-day who goes out of our medical schools without realizing some of the broader applications and fields of usefulness now open to medicine is not only incompletely informed as to the modern trend of medicine, but also is handicapping the advance of medicine as one of the great educational and social factors in the development and betterment of our race and humanity.

CLINIC FOR THE TREATMENT AND PREVENTION OF HEART DISEASE

OUT-PATIENT DEPARTMENT—HOSPITAL FOR SICK CHILDREN, TORONTO

This clinic was established in 1921 under the charge of Dr. George Smith. At present there are 98 patients under supervision. The majority of these patients have been at some time in the wards of the hospital, either for treatment of their heart condition or for the removal of some physical defect thought to be exercising an unfavourable influence on the cardiac condition.

Since the clinic has been in operation, it has been found possible to greatly reduce the number of cases returning to the wards of the hospital after their initial visit. For example, an investigation of 50 cases taken in rotation from the hospital records during the years 1917-19 showed that 15 patients or 30 per cent had been admitted to the hospital more than once—of these, three had been admitted five times—two, four times and the balance two or three times. Of 68 patients under supervision at present, only two have been re-admitted to the hospital. This change it is thought has been accomplished by three measures of procedure:—

- (1) The complete removal as soon as possible of all foci of infection. All the fifteen cases re-admitted during 1917-19 had diseased tonsils.
- (2) The more thorough treatment in the matter of rest in bed in those cases in which the heart is involved for the first time.
- (3) The employment of just as much exercise as each individual heart is capable of standing, in an effort to make the whole body, and the heart in particular, as efficient as possible.

The reduction in the number of cases re-admitted is of course of some economic value to the hospital and city, but of more importance is the fact that these children are being helped to become more like normal, taking their proper place in the home, school and playground.

Besides the work in regard to relief of cardiac trouble, an effort is being made to prevent the occurrence of heart disease. This is accomplished by the supervision of children having sickness such as rheumatism, chorea, etc., in which from experience we know the heart is liable to be damaged. Similar measures to those employed in the treatment of the cardiac cases are used.

Recently a voluntary social worker has been attached to the clinic, who will be a valuable helper to work in the clinic and the home, and should augment the very efficient work already being done by the Public Health Nurse.

EXTENSION COURSES IN PEDIATRICS

The University of Toronto established an Extension Course in Pediatrics in 1920. The course of lectures is as follows:—

1. Eight lectures on infant feeding, including physiology and pathology of digestion, with a discussion of the percentage and caloric methods in infant feeding.
2. Four lectures on the acute intestinal disorders, illustrated by cases.
3. Four lectures on congenital and acquired heart disease and allied topics, also illustrated by cases.
4. Four lectures on infectious diseases.
5. (a) Neurology, illustrating the more common nervous disorders of children, with special reference to the examination of such patients.
(b) Syphilis, illustrating the methods of diagnosis and treatment.
(c) The diagnosis and management of malnutrition in older children.

In addition to the lectures, bedside clinics will be given daily and there will be ward work under supervision, as well as demonstrations of pathological specimens and X-ray plates.

The course was given at the Hospital for Sick Children throughout the month of July.

POST-GRADUATE COURSE

A Post-Graduate Course in Pediatrics was given in Hamilton in 1921.

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